

STATE UNIVERSITY OF NEW YORK AT OSWEGO

TIME SHEET

Name: _____

Period : FROM _____ THRU _____ 20 _____

Department: _____

Bldg. & Room # _____

DATE	REGULAR HOURS				COMP. TIME/ OVERTIME		TIME EARNED				LEAVE TAKEN						
	IN	LUNCH		OUT	IN	OUT	Comp. Time	Over- Time	OT Type*	IIP	VACATION	SICK	Req. for OT **	FAMILY SICK	COMP. TIME	PERSONAL	HOLIDAY
		OUT	IN														
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
MON.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
MON.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch				

* Overtime Type: Voluntary or Mandatory
 ** Required for Overtime: Scheduled or Unscheduled

ACCRUAL SUMMARY

REMARKS:

APPOINTMENT DATE	VACATION		SICK LEAVE		COMP. TIME		PERSONAL LEAVE		HOLIDAY LEAVE		FLOATING HOLIDAY	
	HRS	M	HRS	M	HRS	M	HRS	M	HRS	M	HRS	M
BALANCE BROUGHT FORWARD												
CREDITS EARNED THIS PERIOD												
SUBTOTAL												
CHARGES THIS PERIOD												
BALANCE CARRIED FORWARD												

Certified Correct:

_____ EMPLOYEE

_____ SUPERVISOR

_____ SUPERVISOR - PRINTED NAME