



The Research Foundation for

The State University of New York

In-office Use	
Leave Posted	
Date	Initials

HOURLY ATTENDANCE REPORT

Employee #		Dept.					Pay Period					From		To	
Name						Award/ Project		A:		P:		T:		(Enter information below if multiple awards/projects)	
Day	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Date															
In															
Out															
In															
Out															
Overtime															
In															
Out															
Total															

CERTIFICATIONS:		Summary	
<p>Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge.</p>	<p>Supervisor/Project Director: I confirm that the employee worked all of the above hours on the award and project noted above. If the employee worked on multiple awards and projects, the distribution of hours is as noted below.</p>		
Employee _____	Date _____	Regular Hours	
Supervisor _____	Date _____	Overtime Hours	
Project Director _____	Date _____	Premium Hours	
		Total	

Award/Project				Total Hours
Regular Hours				
Overtime Hours				
Premium Hours				
%				