

CLERICAL STAFF
SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE
TIME AND LEAVE RECORD

Employee _____

Department _____

Title _____ ID# _____

Pay Period From _____ to _____

Sick Leave

Date	In	Lunch Out	Lunch In	Out	W/Pay	W/O Pay	Personal	Vacation	Holiday	FH	Other	Comment
Sun												
Mon												
Tue												
Wed												
Thu												
Fri												
Sat												

SUMMARY RECORD

	Floating Holiday	Sick Leave	Vacation	Personal	Comp	Reg. Hrs.:
Beginning Balance						
Used						Overtime Hrs.:
Earned						
Ending Balance						Approved:

I certify that the above is an accurate record of my daily attendance, time, and credits.

Employee _____

Approved by:
 Dept. Head or Supervisor _____

Supervisor Printed Name _____

Date _____

Date _____