State University of New York																Eligible Vet.								
Purchase College Last						Last I	Last Name (Print) 👚				First Name (Print) 👍					Effective Date of Military Leave								
Classified Time and Accrual Record SS# Last 4 digits						digits only	gits only -																	
					Line #																			
Normal Work Week (Check one)						Extra Payment - Night Shift				Differential 6pm to 6am					Contin	ervice	I a at ala	a Daulad						
☐ 37.5 hrs ☐ 4			40 hrs	40 hrs Other Hrs wrkd			☐ Full time Nights				☐ Part-time Nights					Anniv	ersar	Last day of Pay Period						
Dates					Time In/	Time In/Time Out					Present				Chargable Absences					Billable				
											оут	Ovr 40	27 5					LW			MIL			
Day	Month	Date	In	Out	In	Out	In	Out	REG	OVT HRS	M or V*	Comp	Comp	Vac	Sick	Pers	Hol	OP	LW HP	LW FP	LV	OT Acct		
Thur																								
Fri																								
Sat																								
Sun																								
Mon																								
Tue																								
Wed																								
Total I	IRS Wee	k 1																						
Thur		T																						
Fri																								
Sat																								
Sun																								
Mon																								
Tue																								
Wed																								
Total HRS Week 2																								
Grand	Wkly To	tals																						
Accrual Summary				Vac	Sick	Pers	Hol	Ovr 40 Comp	37.5 Comp		Rema	rks		<u>Pay</u>	yroll Use Only			OT Hrs						
Beginning Balance (from previous pay period)																								
Earned this pay period															ОТ			Pre-shif	t (APB)					
Bonus Vacation											,,					PS 6			Uniform Allowance					
Sub-total Sub-total																Meals			Night Shift Diff.					
Used (from this pay period)																Hol.			Standby	/ Hours				
Ending Balance (of this pay period)										Cash out					ut of C	t of Ovr 40/37.5 Comp								
*M = I	Mandato	ry or V	= Volunta	ıry, LWOP=Lea	ve without p	oay / LWHP:	Leave with	half pay / LW	/FP=Lea	ve with fu	ıll pay /	MIL LV=	Military	Leave										
Employee Signature								Supervisor S					ignature Date											
Δ	TTENTION	N: Emplo	vee and Su	upervisor - By sig	ning this time	sheet I certif	fy that this is a	true and corr	ect atter	dance and	l absence	record. A	All leave t	aken ha	ve beer	n in acco	rdance	with tl	ne NYS St	ate Rules	of Atte	ndance		