

Time & Accrual for Classified Employees

CLS-ANN

Name	Email:	Phone Number:	Department:
Title	Work Week: <input type="checkbox"/> 37.5 hrs <input type="checkbox"/> 40hrs	Part time % _____ Scheduled Hours _____	
Vacation Leave Anniv. Date:	Personal Leave Anniv. Date:	Neg. Unit: <input type="checkbox"/> ASU <input type="checkbox"/> ISU <input type="checkbox"/> OSU <input type="checkbox"/> PST <input type="checkbox"/> PBANYS <input type="checkbox"/> NYSCOPBA	

Beginning:

Ending:

Week One Daily		Record Hours "In" and "Out"						Accruals Used						Time Earned				
Day	Date	In	Out	In	Out	In	Out	Vac. Leave	Tardy Min	Sick Leave	Pers. Leave	Holiday Leave	Comp Taken	Total Reg. Hours	Comp Time OR Extra Time	Over Time Hours	OT M e a l	L W O P
Thur																		
Fri																		
Sat																		
Sun																		
Mon																		
Tues																		
Wed																		
Week Two Daily		Record Hours "In" and "Out"						Accruals Used						Time Earned				
Day	Date	In	Out	In	Out	In	Out	Vac. Leave	Tardy Min	Sick Leave	Pers. Leave	Holiday Leave	Comp Taken	Total Reg. Hours	Comp Time OR Extra Time	Over Time Hours	OT M e a l	L W O P
Thur																		
Fri																		
Sat																		
Sun																		
Mon																		
Tues																		
Wed																		
* If accrued at 20 day rate (5.75) add (.25 hrs) April 1, & Oct 1 (ASU)														Bi-Weekly Total				

Accrual Summary										
	Vacation Leave *	Sick Leave	Personal Leave	Holiday Leave Reg. Floating		Reg. Comp Time (37.5 to 40) Since 4/1 Before 4/1		Over 40 Comp Time	CS 1/1 - 12/31	VRWS
Beginning Balance										
Total Charges										
Sub-total										
Accruals Earned										
Ending Balance										

ABSENCE CODES

- | | |
|--|---|
| <ul style="list-style-type: none"> CS - Cancer Screening** EOL - Employee Organization Leave** FSL - Family Sick Leave JURY - Jury Duty/Court Appearance | <ul style="list-style-type: none"> ML - Military Leave** VAC - Vacation VRWS - Voluntary Reduction Work Schedule WC - Workers' Compensation Leave** |
|--|---|
- **Supporting Documentation Required (Military Orders, Court Documents, Exam Notice, Etc.)

Employee _____

Supervisor _____

CERTIFIED CORRECT AS TO TIME AND CREDITS