

Name	Email:	Phone Number:	Department:
Title	Work Week: ___ 37.5 hrs ___ 40hrs	Part time % ___ Scheduled Hours _____	
Vacation Leave Anniv. Date:	Personal Leave Anniv. Date:	Neg. Unit: ___ ASU ___ ISU ___ OSU ___ PST ___ C82 ___ 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		
Wed																				
Thur																				
Fri																				
Sat																				
Sun																				
Mon																				
Tue																				

  

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		
Wed																				
Thur																				
Fri																				
Sat																				
Sun																				
Mon																				
Tue																				

\* 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. Comp Time (37.5 to 40)		Over 40 Comp Time	CS 1/1 - 12/31	VRWS
				Reg.	Floating	Since 4/1	Before 4/1			
Beginning Balance										
Total Charges										
Sub-total										
Accruals Earned										
Ending Balance										

ABSENCE CODES

- CS - Cancer Screening\*\*
- EOL - Employee Organization Leave\*\*
- FSL - Family Sick Leave
- JURY - Jury Duty/Court Appearance

- 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