UNIVERSITY AT BUFFALO

PART-TIME CLASSIFIED SERVICE EMPLOYEE
BI-WEEKLY TIME AND ATTENDANCE REPORT

Name: _____ **Payroll Period: From** _____ **to** _____ **20**_____
(Please Print)

Department: _____ **Location:** _____

Official Job Title: _____ **Negotiating Unit:** _____ **Person #:** _____

	Regular Time				Overtime		Total	LEAVE TAKEN															
	Meal Period						Hrs of			Sick				Overtime		OVER40***		Personal Leave**				Holiday	
	In	Out	In	Out	In	Out	Work	Vacation		Regular		Family		Comp Time		Comp Time		Regular		Adjusted*		Comp Time	
Date								H	M	H	M	H	M	H	M	H	M	H	M	H	M	H	M
Thur																							
Fri																							
Sat																							
Sun																							
Mon																							
Tue																							
Wed																							
Thur																							
Fri																							
Sat																							
Sun																							
Mon																							
Tue																							
Wed																							
						Totals																	

Anniversary Dates For:
Vacation Leave _____
Personal Leave _____
***Personal Leave Adjusted** May 30
PEP (Productivity Enhancement Program)
(Check One) **Yes** ____ **No** ____

ACCRUAL AND USE SUMMARY

	Vacation		Sick				Overtime		OVER40***		Personal Leave**				Holiday	
			Regular		Family		Comp Time		Comp Time		Regular		Adjusted*		Comp Time	
	H	M	H	M	H	M	H	M	H	M	H	M	H	M	H	M
Balance Brought Forward																
Charges This Period																
Sub-Total																
Credits Earned																
Balance Carried Forward																

***Part-time salaried CSEA employees only.**
****On Anniversary Date**
*****Calculated at the rate of time and one half and not to exceed 120 hours.**

I understand that Classified Service Employees may accumulate more than 40 days vacation credits. All vacation accruals exceeding 40 days must be used prior to the following March 31.
This bi-weekly record must be approved by the supervisor and must be maintained in departmental files for periodic audit.

Certified Correct:

_____
Employee Signature **Date**

_____
Supervisor Signature **Date**

07/05