

**UNIVERSITY AT BUFFALO
FULL-TIME CLASSIFIED EMPLOYEE
BI-WEEKLY TIME AND ATTENDANCE REPORT**

Name: _____ Payroll Period: From _____ to _____ 20____
 (Please Print)
 Department: _____ Location: _____
 Payroll Title: _____ Bargaining Unit: _____ Person No: _____

Date	Regular Time				Overtime		Total Hours Worked	LEAVE TAKEN															
	Meal Period				Sick				Overtime Comp.		Over40**		Personal*		Holiday Comp.								
	In	Out	In	Out	In	Out		Regular	Family	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 _____

ACCRUAL AND USE SUMMARY

PEP (Productivity Enhancement Program)
 (Check One) Yes No

Balance Brought Forward _____
 Charges This Period _____
 Sub-Total _____
 Credits Earned _____
 Balance Carried Forward _____

Vacation	Sick				Overtime Comp.	Over40**	Personal* Leave	Holiday Comp.	
	Regular	Family							
H	M	H	M	H	M	H	M	H	M

*On Anniversary Date
 **Calculated at the rate of time and one half and not to exceed 120 hours.

Certified Correct: _____
 Employee Signature _____
 Supervisor Signature _____

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.