## STATE UNIVERSITY OF NEW YORK AT NEW PALTZ RESEARCH FOUNDATION PROFESSIONAL – EXEMPT MONTHLY EXCEPTION REPORT

NAME:						Employee ID#:		
MONTH:	YEAR:		Department:					
Project#	Award#		Task#		% OF TIME:		E:	
		DATEC	ADCENT				LIQUIDAY ODEDITO***	
) (A O A <del>T</del> ION			ES ABSENT				HOLIDAY CREDITS***	
VACATION SICK L LEAVE		CK LEAVE*	HOLIDAY LEAVE		Non Work – Other**		Any holiday that employee works	
TOTAL DAYS	TOTAL DAYS		TOTAL DAYS		TOTAL DAYS		TOTAL DAYS:	
Charged:	-		Charged:		Charged:		101112 57110.	
Appointment, Bereaver **Non Work Other – Ju ***Holiday time is earn Birthday, Washington's Day, Thanksgiving, and	ry Duty, M led for wo Birthday,	filitary, Unpaid learking any of the fo Memorial Day, Ir	ave of Absence ollowing holida ndependence [	e (HR appro\ ys: New Yea	/al requir r's Day, I ay, Colui	ed) Martin Luther	King Day, Lincoln's	
		VACATION LEAVE		SICK LEA		/F	HOLIDAY TIME	
BEGINNING BALANCE		VACATION	<b>*</b> LL/ ( <b>*</b> L			, _	TIOLIBITI TIME	
TIME USED								
SUB-TOTAL								
TIME EARNED								
ENDING BALANCE								
Months of Service			Vacation Accrual Rate		ıte	Sick Leave Accrual Rate		
0 – 24		.615 days biweekly			.577 days biweekly			
25 – 36		.654 days biweekly			.615 days biweekly			
37 – 72		.731 days biweekly				.692 days biweekly		
73 – 84		.808 days biweekly		.769 days biweekly				
85 +		.846 days biweekly			.808 days biweekly			
I certify that informatio	n recorde	d above are true	and complete	to the best o	of my kno	wledge.		
Employee Signature						Date		
Principal Investigator /Supervisor's Signature					_	Date		
Principal Investigator/S	upervisor'	s	F	Printed Name	<u> </u>			

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