

**STATE UNIVERSITY OF NEW YORK AT NEW PALTZ
RESEARCH FOUNDATION TIME SHEET – NON-EXEMPT EMPLOYEE**

PLEASE PRINT

NAME:		PAY PERIOD	
DEPARTMENT:		FROM _____ TO _____ mm/dd/year mm/dd/year	
AWARD#	PROJECT #	TASK#	% OF TIME:

DAY	DATE	REGULAR TIME				TIME EARNED			LEAVE TAKEN			
		IN	Lunch		OUT	Holiday	Comp. Time	Over-time	Vacation	Sick	Comp. Time	Personal
			OUT	IN								
SAT												
SUN												
MON												
TUES												
WED												
THURS												
FRI												
SAT												
SUN												
MON												
TUES												
WED												
THURS												
FRI												
TOTAL												

ACCRUAL SUMMARY	Vacation Leave	Sick Leave	Holiday Leave	Comp Time	PERSONAL LEAVE
BALANCE BROUGHT FORWARD					
CHARGES THIS PERIOD					
SUB-TOTAL					
CREDITS EARNED THIS PERIOD					
BALANCE CARRIED FORWARD					

I CERTIFY THAT THIS TIME SHEET IS A TRUE STATEMENT OF HOURS WORKED. THE DISTRIBUTION OF EFFORT IS A REASONABLE ESTIMATE OF WORK PERFORMED ON SPONSORED PROJECTS.

EMPLOYEE

DATE

PROJECT DIRECTOR or appointed supervisor

DATE

PROJECT DIRECTOR or appointed supervisor

PRINTED NAME