

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ
RESEARCH FOUNDATION TIME SHEET – Professional – Non-exempt Employee

Printed NAME:			PAY PERIOD: FROM _____ TO _____ MM/DD/YEAR MM/DD/YEAR		
DEPARTMENT:					
PROJECT #	Award#	Task#			

DAY	DATE	REGULAR TIME									Overtime/Time Earned		LEAVE TAKEN			
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	Total	Overtime	Comp	VACATION	SICK	HOLIDAY	COMP
SAT																
SUN																
MON																
TUES																
WED																
THURS																
FRI																
Week 1 Total																

SAT																
SUN																
MON																
TUES																
WED																
THURS																
FRI																
Week 2 Total																

ACCRUAL SUMMARY	VACATION	SICK	HOLIDAY	COMP	Accrual Rates Months of Service	Vacation Rate	Sick Rate
BALANCE BROUGHT FORWARD					0-24	4.615 HOURS	4.327 HOURS
CHARGES THIS PERIOD					25-36	4.904 HOURS	4.615 HOURS
SUB TOTAL					37-72	5.481 HOURS	5.192 HOURS
CREDITS EARNED THIS PERIOD					73-84	6.058 HOURS	5.769 HOURS
ENDING BALANCE					85+	6.346 HOURS	6.057 HOURS

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 Signature	_____ PROJECT DIRECTOR (or appointed supervisor)
_____ DATE	_____ PROJECT DIRECTOR (or appointed supervisor) – PRINTED NAME