## RESEARCH FOUNDATION HOURLY TIME SHEET STATE UNIVERSITY OF NEW YORK at NEW PALTZ

	Name: Please Print											Employee ID#			
·									ect#Task#Award#						
			SWG Gradu Hourly	J Undergraduate rly			SWS Summer Hourly		ay Period rom:/_	: /To:	/_/				
Time Sheets must be completed in ink or typed and submitted to the Office of Sponsored Programs, FOB N12, on Tuesday following the end of the period of performance. Hourly employees are paid on a lag basis.															
DAY	Date	IN	OUT	IN	0	UT	IN	OUT	IN	OUT	Total Hours	Holiday Time Earned	Holiday Leave Taken		
SAT															
SUN															
MON		Ī			]_					T	<u> </u>	T	Γ		
TUES															
WED															
THUR					1										
FRI					1										
										Weekly Total	/				
DAY	DATE	IN	OUT	IN	0	UT	IN	OUT	IN	OUT	Total Hours	Holiday Time Earned	Holiday Leave Taken		
SAT															
SUN															
MON															
TUES															
WED		Ī			]_								T!		
THUR															
FRI					T										
I certify that the above time and attendance information is true and complete to the best of my knowledge.									,	Weekly Total	<i>'</i>				
Employee Signature Date									TOTAL HOURS						
									RATE OF PAY						
I confirm that the employee worked all the above hours on the Project and Award noted above.									AMOUNT DUE						
Project Director Signature Date									Project Director – Printed Name						
HOLIDAY ACCRUAL SUMMARY – Recorded in HOURS															
Beginning Accrual Balance			Holiday Leave Charged SUE for Pay Period				TOTAL	Holiday Credit for Pay Period			arned	Ending Balance			