

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

Name: Please Print				Employee ID#			
Department:				Project# _____ Task# _____ Award# _____			
<input type="checkbox"/> SWR Regular Hourly	<input type="checkbox"/> SWG Graduate Hourly	<input type="checkbox"/> SWU Undergraduate Hourly	<input type="checkbox"/> SWS Summer Hourly	Pay Period: From: __/__/__ To: __/__/__			

Time Sheets must be completed in ink or typed and submitted to the Office of Sponsored Programs, Old Main B120, on Tuesday following the end of the period of performance. Hourly employees are paid on a lag basis.

DAY	Date	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Total Hours	Holiday Time Earned	Holiday Leave Taken
SAT												
SUN												
MON												
TUES												
WED												
THUR												
FRI												
										Weekly Total		

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Total Hours	Holiday Time Earned	Holiday Leave Taken
SAT												
SUN												
MON												
TUES												
WED												
THUR												
FRI												
I certify that the above time and attendance information is true and complete to the best of my knowledge.										Weekly Total		

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 for Pay Period	SUB TOTAL	Holiday Credit Earned for Pay Period	Ending Balance