UNIVERSITY AT ALBANY HOURLY PROFESSIONAL TIME RECORD

Name:							Department:					
EMPLID: Two -Week Period Beginning:						Campus Addr.:		Campus Phone:				
						_	Ending:			<u>-</u> ,		
										Hours		
day Dates		<u> </u>					Ente	r Time Used*		Worked (Incl Time		
	s	Rec	ord Hours 'I	n' and 'Out' Daily			-	Sick Leave		Charged)		
	,	0.1		0.4		0.1		D 1	F 7			
N	In	Out	In	Out	In	Out	Annual Leave	Regular	Family			
'hu 'ri												
at												
un												
Ion												
ue												
Ved												Hourl
otal Week 1												
Thu Thu												
ri												
at												
un												
Ion												
ue												
/ed												
otal Week 2				<u> </u>								
						Total						
I certify tha correct.	at the days a	nd hours w	orked as r	recorded or	this reco	ord are	charged) l	by the emp	oloyee. Ar	ny holidays i	•	time worked (or ac represent that the l reof.
Employee's	Imployee's Signature Date				Superviso	Supervisor's Signature			 Date			
			Date			Superviso	Supervisor's Signature			Date		
Directions	and Importa	int Informa	ation:									
Record hou	urs "in" and '	out" daily.	Hours w	orked and/	or charg	ed to accr	uals must be reco	orded in qu	uarter hou	ur units.		
indicating i		ur time red										alances in MyUAll ligible to earn and
A work per	riod cannot e	xtend beyo	ond six ho	urs withou	t taking a	lunch bre	ak of at least one	-half hour	. Lunch b	reaks must	be recorded OL	JT and IN.
Do not wor	rk in excess o	of 40 hours	during ar	ny work we	ek (Thurs	day - Wed	nesday) without	prior auth	orization	from your s	upervisor.	
				•	,	•	you finish work			•	•	

Supervisor: Review time sheet for accuracy, initial all approved holiday work and corrections made on the time sheet, sign and submit original copy to the Payroll Office for payment. **Time records are due within 2 days of the last day in the reporting period**. Payment for late timesheets will be delayed.