

**UNIVERSITY AT ALBANY
CLASSIFIED SERVICE TIME RECORD**

Name: _____

Department: _____

EMPLID: _____

Campus Addr.: _____ Campus Phone: _____

Four-Week Period Beginning: _____
(Enter Beginning Date Only--Other Dates are Formula-Driven)

Ending: _____

[Click for Directions](#)

Day	Dates	Record Hours 'In' and 'Out' Daily							Hours Worked (Incl. Time Charged)	Hours Worked On Legal Holiday		Comp. Time and Overtime(>40hrs)		Enter Time Used							
		In	Out	In	Out	In	Out	Min. Tardy		Earned H.T.	To Be Paid	C.T.	O.T.	Annual Leave	Sick Leave			Comp. Time			
															Regular	Family	Personal Leave	Regular	Holiday		
Thu.																					
Fri.																					
Sat.																					
Sun.																					
Mon.																					
Tue.																					
Wed.																					
Thu.																					
Fri.																					
Sat.																					
Sun.																					
Mon.																					
Tue.																					
Wed.																					
Subtotals																					
Thu.																					
Fri.																					
Sat.																					
Sun.																					
Mon.																					
Tue.																					
Wed.																					
Thu.																					
Fri.																					
Sat.																					
Sun.																					
Mon.																					
Tue.																					
Wed.																					
Subtotals																					
Totals																					

Employee's Signature: _____		Supervisor's Signature: _____		AL	SL	PL	CT	HT	DRL
				BEG					
				USED					
AL Anniversary Date:	PL Anniversary Date:	HOLIDAYS: Pay/Comp/Veteran		ACCR					
NOTES:				BAL					
OHRM COMMENT:									

Make copies for local use.