

DELEG EMPLOYEE TIME AND ATTENDANCE REPORT

Employee Name (Last, First)		Employee ID							Pay Period Ending						Dept	Agency	TKU	
									3/6/2010						64	01		
		SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY	PAY
		21	22	23	24	25	26	27	TOTALS	28	1	2	3	4	5	6	TOTALS	PERIOD
																		TOTALS
REG VR	VR 1st Shift Straight Time		7.6	7.0	8.0	8.0	8.0		38.6		10.0	9.0	10.0	6.0			35.0	73.6
REG IL	IL 1st Shift Straight Time			1.0					1.0			1.0					1.0	2.0
OVT1 VR	VR 1st Shift Overtime								0.0								0.0	0.0
OVT1 IL	IL 1st Shift Overtime								0.0								0.0	0.0
OTX1 VR	VR 1st Shift Exception								0.0								0.0	0.0
OTX1 IL	IL 1st Shift Exception								0.0								0.0	0.0
HOL1	1st Shift Holiday								0.0								0.0	0.0
REG2 VR	VR 2nd Shift Straight Time								0.0								0.0	0.0
REG2 IL	IL 2nd Shift Straight Time								0.0								0.0	0.0
OVT2 VR	VR 2nd Shift Overtime								0.0								0.0	0.0
OVT2 IL	IL 2nd Shift Overtime								0.0								0.0	0.0
OTX2 VR	VR 2nd Shift Exception								0.0								0.0	0.0
OTX2 IL	IL 2nd Shift Exception								0.0								0.0	0.0
REG3 VR	VR 3rd Shift Straight Time								0.0								0.0	0.0
REG3 IL	IL 3rd Shift Straight Time								0.0								0.0	0.0
OVT3 VR	VR 3rd Shift Overtime								0.0								0.0	0.0
OVT3 IL	IL 3rd Shift Overtime								0.0								0.0	0.0
OTX3 VR	VR 3rd Shift Exception								0.0								0.0	0.0
OTX3 IL	IL 3rd Shift Exception								0.0								0.0	0.0
ANLV	Annual Leave		0.4						0.4					4.0			4.0	4.4
SKLV	Sick Leave								0.0								0.0	0.0
ADM1	Administrative Shift 1								0.0								0.0	0.0
BLTU	Banked Leave Used								0.0								0.0	0.0
CMPE	Compensatory Time Earned (x								0.0								0.0	0.0
CMPU	Compensatory Time Used								0.0								0.0	0.0
Other	Other								0.0								0.0	0.0
DI82	Deferred Hours 1982								0.0								0.0	0.0
ILG	Initial Leave Grant								0.0								0.0	0.0
LOST	Lost Time								0.0								0.0	0.0
PLNA	Voluntary Work Schedule								0.0								0.0	0.0
SCHL	School Leave								0.0								0.0	0.0
UNO1	Union Activity								0.0								0.0	0.0
DAILY TOTALS		0.0	8.0	8.0	8.0	8.0	8.0	0.0	40.0	0.0	10.0	10.0	10.0	10.0	0.0	0.0	40.0	80.0
Call Back (add to OT)																		

EMPLOYEE			MANAGER			COMMENTS
Date(s) of Leave	Leave Requested	Date Received	Date Approv/Disapp	Initials		
9 Feb	17 Feb				Others Bros Day	
16 Feb	15 Feb					
3/4/10	3/2/10					
Employee Certification - I have completed the equivalent of a full pay period including use of leave credits.						Employee Signature/Date 3/3/10
NOTE: Any intentional misstatement on this form may be cause for disciplinary action			SUPERVISOR'S CERTIFICATION This is to certify that the time reported is complete and			Manager Signature/Date

DELEG EMPLOYEE TIME AND ATTENDANCE REPORT

Employee Name (Last, First) ██████████	Employee ID Number ██████████	Pay Period Ending 6 March 2010	Dept 64	Agency 01	TKU
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		SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	PAY PERIOD TOTALS
		2 1	2 2	2 3	2 4	2 5	2 6	2 7		2 8	0 1	0 2	0 3	0 4	0 5	0 6		
REG VR	VR 1 st Shift Straight Time											15	6	9	9		25.5	25.5
REG IL	IL 1 st Shift Straight Time																	
OVT1 VR	VR 1 st Shift Overtime																	
OVT1 IL	IL 1 st Shift Overtime																	
OTX1 VR	VR 1 st Shift Exception Overtime																	
OTX1 IL	IL 1 st Shift Exception Overtime																	
HOL1	1 st Shift Holiday																	
REG2 VR	VR 2 nd Shift Straight Time																	
REG2 IL	IL 2 nd Shift Straight Time																	
OVT2 VR	VR 2 nd Shift Overtime																	
OVT2 IL	IL 2 nd Shift Overtime																	
OTX2 VR	VR 2 nd Shift Exception Overtime																	
OTX2 IL	IL 2 nd Shift Exception Overtime																	
REG3 VR	VR 3 rd Shift Straight Time																	
REG3 IL	IL 3 rd Shift Straight Time																	
OVT3 VR	VR 3 rd Shift Overtime																	
OVT3 IL	IL 3 rd Shift Overtime																	
OTX3 VR	VR 3 rd Shift Exception Overtime																	
OTX3 IL	IL 3 rd Shift Exception Overtime																	
ANLV	Annual Leave		8	8	8	8	8	40		8	6.5					14.5	54.5	
SKLV	Sick Leave																	
ADM1	Administrative Shift 1																	
BLTU	Banked Leave Used																	
CMPE	Compensatory Time Earned (24.5)																	
CMPU	Compensatory Time Used																	
DH81	Deferred Hours 1981																	
DH82	Deferred Hours 1982																	
LG	Initial Leave Grant																	
LOST	Lost Time																	
PLNA	Voluntary Work Schedule																	
SCHL	School Leave																	
UNO1	Union Activity																	
DAILY TOTALS			9	9	4	9	9	40		8	9	5	9	9		40	80	
Call Back (add to OT)																		

Employee		Supervisor			Comments
DATE(S) OF LEAVE	LEAVE REQ DATE	DATE RECEIVED	DATE APPROV/DISAP	INITIALS	

Employee Certification – I have completed the equivalent of a full pay period including use of leave credits.

Employee Signature/Date
 17 February 2010 ██████████ March 2010

NOTE: Any intentional misstatement on this form may be cause for disciplinary action.

SUPERVISOR'S CERTIFICATION
 This is to certify that the time reported is complete and accurate.

Supervisor's Signature/Date
 [Signature] 3/14/10

DELEG EMPLOYEE TIME AND ATTENDANCE REPORT

Employee Name (Last, First) [REDACTED]	Employee ID Number [REDACTED]	Pay Period Ending 12/26/2009	Dept 64	Agency 01	TKU 500
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		SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	PAY PERIOD TOTALS
			2	2	2	3	2	4	2	5	2	6						
REG VR	VR 1 st Shift Straight Time		8	7	5.5	7	7		34.5		8	8	8	6.5			30.5	65
REG IL	IL 1 st Shift Straight Time			1	1	1	1		4					1			1	5
OVT1 VR	VR 1 st Shift Overtime																	
OVT1 IL	IL 1 st Shift Overtime																	
OTX1 VR	VR 1 st Shift Exception Overtime																	
OTX1 IL	IL 1 st Shift Exception Overtime																	
HOL1	1 st Shift Holiday																	
REG2 VR	VR 2 nd Shift Straight Time																	
REG2 IL	IL 2 nd Shift Straight Time																	
OVT2 VR	VR 2 nd Shift Overtime																	
OVT2 IL	IL 2 nd Shift Overtime																	
OTX2 VR	VR 2 nd Shift Exception Overtime																	
OTX2 IL	IL 2 nd Shift Exception Overtime																	
REG3 VR	VR 3 rd Shift Straight Time																	
REG3 IL	IL 3 rd Shift Straight Time																	
OVT3 VR	VR 3 rd Shift Overtime																	
OVT3 IL	IL 3 rd Shift Overtime																	
OTX3 VR	VR 3 rd Shift Exception Overtime																	
OTX3 IL	IL 3 rd Shift Exception Overtime																	
ANLV	Annual Leave				1.5								5	8				10
SKLV	Sick Leave																	
ADM1	Administrative Shift 1																	
BLTU	Banked Leave Used																	
CMPE	Compensatory Time Earned (x 1.5)																	
CMPU	Compensatory Time Used																	
	Furlough																	
DH82	Deferred Hours 1982																	
ILG	Initial Leave Grant																	
LOST	Lost Time																	
PLNA	Voluntary Work Schedule																	
SCHL	School Leave																	
UNO1	Union Activity																	
DAILY TOTALS																		
Call Back (add to OT)																		

Employee		Supervisor			Comments
DATE(S) OF LEAVE	LEAVE REQ DATE	DATE RECEIVED	DATE APPROV/DISAP	INITIALS	
	3/5				

Employee Certification -- I have completed the equivalent of a full pay period including use of leave credits.	Employee Signature/Date [REDACTED] 3/14/10
NOTE: Any intentional misstatement on this form may be cause for disciplinary action.	SUPERVISOR'S CERTIFICATION This is to certify that the time reported is complete and accurate. Supervisor's Signature/Date [Signature]

DELEG EMPLOYEE TIME AND ATTENDANCE REPORT

Employee Name (Last, First)		Employee ID Number							Pay Period Ending							Dept	Agency	TKU
																64	01	507
		SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	SUN	MON	TUE	WED	THU	FRI	SAT	WEEKLY TOTALS	PAY PERIOD TOTALS
REG VR	VR 1 st Shift Straight Time	0	1	0	2	0	3	0	4	0	5	0	6	0	7	0	2	2
REG IL	IL 1 st Shift Straight Time		8	8	8	6	4		34		8	8	8	8	8		40	74
OVT1 VR	VR 1 st Shift Overtime																	
OVT1 IL	IL 1 st Shift Overtime																	
OTX1 VR	VR 1 st Shift Exception Overtime																	
OTX1 IL	IL 1 st Shift Exception Overtime																	
HOL1	1 st Shift Holiday																	
REG2 VR	VR 2 nd Shift Straight Time																	
REG2 IL	IL 2 nd Shift Straight Time																	
OVT2 VR	VR 2 nd Shift Overtime																	
OVT2 IL	IL 2 nd Shift Overtime																	
OTX2 VR	VR 2 nd Shift Exception Overtime																	
OTX2 IL	IL 2 nd Shift Exception Overtime																	
REG3 VR	VR 3 rd Shift Straight Time																	
REG3 IL	IL 3 rd Shift Straight Time																	
OVT3 VR	VR 3 rd Shift Overtime																	
OVT3 IL	IL 3 rd Shift Overtime																	
OTX3 VR	VR 3 rd Shift Exception Overtime																	
OTX3 IL	IL 3 rd Shift Exception Overtime																	
ANLV	Annual Leave																	
SKLV	Sick Leave					4												4
ADM1	Administrative Shift 1																	
BLTU	Banked Leave Used																	
CMPE	Compensatory Time Earned (x 1.5)																	
CMPU	Compensatory Time Used																	
	FURLOUGH																	
DH82	Deferred Hours 1982																	
ILG	Initial Leave Grant																	
LOST	Lost Time																	
PLNA	Voluntary Work Schedule																	
SCHL	School Leave																	
UNO1	Union Activity																	
DAILY TOTALS			8	8	8	8	8		40		8	8	8	8	8		40	80
Call Back (add to OT)																		

Employee		Supervisor			Comments
DATE(S) OF LEAVE	LEAVE REQ DATE	DATE RECEIVED	DATE APPROV/DISAP	INITIALS	
					2/11 personal sick leave: Dr. appx.

Employee Certification – I have completed the equivalent of a full pay period including use of leave credits.

Employee Signature/Date
 2-16-11

NOTE: Any intentional misstatement on this form may be cause for disciplinary action.

SUPERVISOR'S CERTIFICATION
 This is to certify that the time reported is complete and accurate.
 2/17/11

SEE REVERSE SIDE
FOR INSTRUCTIONS

DEPARTMENT OF MANAGEMENT AND BUDGET
EMPLOYEE TIME AND ATTENDANCE REPORT

EMPLOYEE NAME

PAY PERIOD ENDING DATE

DAY	HOURS WORKED																							OTHER HOURS	REASON		
	REGULAR			2ND SHIFT			3RD SHIFT			(13) ANNUAL LEAVE USED	(14) SICK LEAVE USED	(15) DEFERRED HOURS USED	(16) COMP HOURS USED	(17) SCHOOL LEAVE USED	(18) ANNUAL LEAVE GRANT	(19) NON PAY	(20) UNPAID LEAVE	(21) FAMILY LEAVE	(22) PLAN A	(23) COMP EARNED	(24) SEE BACK OF FORM						
DATE	(1) REGULAR HOURS	(2) REGULAR OVERTIME FOR HOLIDAY (HOT1)	(4) REGULAR DOUBLE TIME	(5) 2ND REGULAR HOURS	(6) 2ND OVERTIME	(7) 2ND OVERTIME FOR HOLIDAY (HOT2)	(8) 2ND DOUBLE TIME	(9) 3RD REGULAR HOURS	(10) 3RD OVERTIME	(11) 3RD OVERTIME FOR HOLIDAY (HOT3)	(12) 3RD DOUBLE TIME	(13) ANNUAL LEAVE USED	(14) SICK LEAVE USED	(15) DEFERRED HOURS USED	(16) COMP HOURS USED	(17) SCHOOL LEAVE USED	(18) ANNUAL LEAVE GRANT	(19) NON PAY	(20) UNPAID LEAVE	(21) FAMILY LEAVE	(22) PLAN A	(23) COMP EARNED	(24) SEE BACK OF FORM	DAY TOTAL	SHIFT ADJUST	REASON	
SUN 3																											
MON 4	8																								8		
TUES 5	8																								8		
WED 6	8																								8		
THUR 7	8																								8		
FRI 8	8																								8		
SAT 9																											
WEEKLY TOTAL	40																								40		
SUN 10																											
MON 11	8																								8		
TUES 12	8																								8		
WED 13	8																								8		
THUR 14	8																								8		
FRI 15	8																								8		
SAT 16																											
WEEKLY TOTAL	40																								40		

PAY PERIOD TOTAL	80																										
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1 ENTER HOURS TYPE CODE IN THE REASON COLUMN. (See back of form for hours type codes)

ENTER AN "X" WHEN AN EMPLOYEE SPECIAL PAY REPORT FORM A-424A IS TO BE ATTACHED.

THE ENTRIES ON THIS REPORT ARE TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE
EMPLOYEE SIGNATURE: *[Signature]* DATE: *[Redacted]*

I HAVE REVIEWED THIS REPORT FOR CORRECTNESS AND HAVE INITIALED MY APPROVAL AS NECESSARY
SUPERVISOR'S CERTIFICATION: *[Signature]* DATE: *5/12/09*

DMB-A-424 (REVISED 12/01)

DEPARTMENT/AGENCY CODE				TIMEKEEPING (TKU) NO.		
6	4	0	1	5	0	7
EMPLOYEE NUMBER						
SOCIAL SECURITY NUMBER						

SEE REVERSE SIDE
FOR INSTRUCTIONS

DEPARTMENT OF MANAGEMENT AND BUDGET
EMPLOYEE TIME AND ATTENDANCE REPORT

EMPLOYEE NAME: [REDACTED] PAY PERIOD: [REDACTED] DATE: [REDACTED]

DAY	HOURS WORKED													OTHER HOURS	(24) SEE BACK OF FORM	DAILY TOTAL	SUNY APPR	REASON										
	REGULAR			2ND SHIFT				3RD SHIFT																				
DATE	(1) REGULAR HOURS (REG1)	(2)	(3) REGULAR OVERTIME FOR HOLIDAY (HOT1)	(4) REGULAR DOUBLE TIME (DBT1)	(5) 2ND REGULAR HOURS (REG2)	(6) 2ND OVERTIME (OVT2)	(7) 2ND OVERTIME FOR HOLIDAY (HOT2)	(8) 2ND DOUBLE TIME (DBT2)	(9) 3RD REGULAR HOURS (REG3)	(10) 3RD OVERTIME (OVT3)	(11) 3RD OVERTIME FOR HOLIDAY (HOT3)	(12) 3RD DOUBLE TIME (DBT3)	(13) ANNUAL LEAVE USED (ANLV)	(14) SICK LEAVE USED (SKLV)	(15) DEFERRED HOURS USED	(16) COMP HOURS USED (CMPU)	(17) SCHOOL LEAVE USED (SCHL)	(18) INITIAL LEAVE GRANT (ILG)	(19) NON PAY (NOPY)	(20) UNPAID LEAVE (ZERO)	(21) FAMILY LEAVE	(22) PLAN A (PLNA)	(23) COMP EARNED (CMPE)	(24) SEE BACK OF FORM	DAILY TOTAL	SUNY APPR	REASON	
SUN 8/22																												
MON 8/23	8																									8		
TUES 8/24	8																									8		
WED 8/25	8																									8		
THUR 8/26	8																									8		
FRI 8/27	8																									8		
SAT 8/28																												
WEEKLY TOTAL 8/22-8/28	40																									40		
SUN 8/29																												
MON 8/30	8																									8		
TUES 8/31	8																									8		
WED 9/1	8																									8		
THUR 9/2	8																									8		
FRI 9/3	8																									8		
SAT 9/4																												
WEEKLY TOTAL 9/1-9/4	40																									40		

PAY PERIOD TOTAL	80	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	ENTER AN "X" WHEN AN EMPLOYEE SPECIAL PAY REPORT FORM A-424A IS TO BE ATTACHED.
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1 ENTER HOURS TYPE CODE IN THE REASON COLUMN. (See back of form for hours type codes)

THE ENTRIES ON THIS REPORT ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT AND TRUE.

EMPLOYEE SIGNATURE: [REDACTED]

DATE: 9/1/10

I HAVE REVIEWED THIS REPORT FOR CORRECTNESS AND HAVE INITIALED MY APPROVAL.

SUPERVISOR'S CERTIFICATION: [Signature]

DATE: 9/3/10

DEPARTMENT/AGENCY CODE: 6 | 4 | 0 | 1

TIMEKEEPING (TKU) NO.: 5 | 0 | 6

EMPLOYEE NUMBER: 440768