

**Time and Accrual Record for CSEA Hourly Employees without
Attendance Rules Coverage**

Name:	Suny ID:	Department:
Title:	Schedule (work days and hours):	

Pay Period Begin Date:

Pay Period End Date:

Actual Hours Worked									Total Hours Worked
Day	Date	In	Out	In	Out				Total Hours
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
Wed									
Totals Week 1									
Day	Date	In	Out	In	Out				Total Hours
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
Wed									
Totals Week 2									
Grand Total									

Employee Signature:

Date:

Supervisor Signature:

Date:
