

**Time & Accrual for Classified Employees**

**CLS-ANN**

Name	Email:	Phone Number:	Department:
Title	Work Week: ___ 37.5 hrs ___ 40hrs	Part time % _____ Scheduled Hours _____	
Vacation Leave Anniv. Date:	Personal Leave Anniv. Date:	Neg. Unit: ___ ASU ___ ISU ___ OSU ___ PST ___ PBANYS ___ NYSCOPBA	

Beginning:

Ending:

Week One Daily		Record Hours "In" and "Out"						Accruals Used					Time Earned					
Day	Date	In	Out	In	Out	In	Out	Vac. Leave	Tardy Min	Sick Leave	Pers. Leave	Holiday Leave	Comp Taken	Total Reg. Hours	Comp Time OR Extra Time	Over Time Hours	OT M e a l	L W O P
Thur																		
Fri																		
Sat																		
Sun																		

Mon