



TIME & ACCRUAL FOR HOURLY CLASSIFIED EMPLOYEES WITH ATTENDANCE RULES COVERAGE

CLS-HRYA

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 ___ C82 ___ NYSCOPBA	

Beginning:

Ending:

Week One Daily	Record Hours "In" and "Out"	Accruals Used	Time Earned
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Day Date In Out In Out In Out