SCHENECTADY COUNTY COMMUNITY COLLEGE
TIME AND LEAVE RECORD FOR PROFESSIONAL STAFF – PART-TIME

Employee_____   □Academic Affairs □Workforce Development □Student Affairs
□ Administration □IT □Strategic Initiatives and Planning

Pay Period   _____   Department _____

Week of   _____   College ID # _____

	IN	OUT	IN	OUT	PERSONAL	COMMENT
Thursday						
Friday						
Saturday						
Monday						
Tuesday						
Wednesday						

Week of   _____

	IN	OUT	IN	OUT	PERSONAL	COMMENT
Thursday						
Friday						
Saturday						
Monday						
Tuesday						
Wednesday						

HOURS WORKED:			ACCRUAL SUMMARY:	PERSONAL	DATE
Beginning of Period			Beginning of Period		
Worked This Period			Used this Period		
End of Period TOTAL			**SUBTOTAL**		
			Earned this period (4 hours of Personal leave for every 80 hours of time worked)		
			End of Period TOTAL		

I certify that the above is an accurate record of my daily attendance, time and credits.

Employee Signature _____Date _____ Supervisor: _____ Date _____

Supervisor Printed Name_____