

SUNY Cobleskill
 State University of New York
 College of Agriculture and Technology
 Cobleskill, NY 12043
Faculty Timesheet

TO: Payroll Office (After Supervisor's Approval)

FROM: _____

SUBJECT: Record of Attendance for Month of _____ **20** _____

- No Chargeable Absences (Please complete Record of Leave Accruals)
 Chargeable Absences as follows:

SICK LEAVE USED (Indicate Dates)

RECORD OF LEAVE ACCRUALS
(Please Complete)

	Sick Leave
BALANCE: BEGINNING OF MONTH	
TIME USED DURING MONTH	
SUBTOTAL	
TIME EARNED: (Refer to Art. 23 in Agreement)	
BALANCE: END OF MONTH	

"Except for those absences noted above, charged to sick leave, I certify that I have not been absent during the month specified above."

(Employee Signature) **Date:**
 (To be submitted no later than the fifth day of each month)

I certify that this timesheet is correct.

(Supervisor's Signature) **Date:**
PLEASE FORWARD TO PAYROLL OFFICE

This record of attendance and leave is required pursuant to Article 23.4 of the agreement between the State of New York and UUP.
 Sick leave credits may not exceed 200 days.