

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

Professional 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:

VACATION LEAVE USED (Indicate Dates)	SICK LEAVE USED (Indicate Dates)

EQUIVALENT DAYS
 (Holidays listed in Current Agreement)

HOLIDAYS WORKED (Specify)	EQUIVALENT DAYS USED (Indicate Dates)	DRL DAYS USED (Indicate Dates)

RECORD OF LEAVE ACCRUALS
 (Please Complete)

	ANNUAL LEAVE	SICK LEAVE	EQUIVALENT DAYS	DRL
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 vacation, sick leave, or other approved leave, I certify that I have not been absent during the month specified above. I have made the appropriate entries on my accrual record."

(Employee Signature) **Date:**
 I certify that this timesheet is correct. (To be submitted no later than the fifth day of each month)

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

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