

Name _____ Office _____
 SUNY UUP Professionals Designated Non-exempt Time Record

Period Ending _____

HOURS WORKED												CHARGED	
DATE	DAY	IN	OUT	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED	ON CALL	RECALL	CHARGED
	THURS.												
	FRI.												
	SAT.												
	SUN.												
	MON.												
	TUES.												
	WED.												
WEEKLY TOTAL WORKED													
HOURS WORKED OVER 40													
WEEKLY COMP TIME OR OT EARNED													
	THURS.												
	FRI.												
	SAT.												
	SUN.												
	MON.												
	TUES.												
	WED.												
WEEKLY TOTAL WORKED													
HOURS WORKED OVER 40													
WEEKLY COMP TIME OR OT EARNED													
HOURS OVER 40 PAID AS OT													
HOURS OVER 40 EARNED AS FLSA COMP TIME													

CHARGE SUMMARY								All values are days	
VAC	SICK	FAMILY SICK USED	COMP TIME	HOLIDAY	NON-CHARGEABLE				
				Float	Reg.	Time	Reason		

Overtime is paid based on hours actually worked over 40; vacation, sick and holiday time do not count as time worked.

I certify that this time report represents a correct accounting for the specified period:

Employee Signature

Supervisor Approval