



**FACULTY AND PROFESSIONAL EMPLOYEE ATTENDANCE RECORD**

Department Name:		Dept. #		Page		of	
Period Beginning:		and Ending					

**Instructions:**

- Please complete this form for SUNY Upstate – State and Research Foundation Exempt Employees only for each calendar month.
- Be sure to report all \*\* Exception time according to the following specifications:
  - Please use specific date/day.
  - Please use specific time measurement as follows:
    - For Research Foundation and Management Confidential Professionals ONLY – hours must be reported minimally in two-hour increments.
    - For UUP Faculty and Professionals ONLY please report in Daily Increments only as follows -- ¼ day, ½ day, ¾ day and 1 Day increments -- Part Time employees must use ¼ day increments using a 1 full day increment as the measurement basis. Please note Holiday Leave Time (HCE) exception to ¼ day increments below.
    - Effective with August 2001 Attendance Record, when reporting HCE – Holiday Leave Earned only, please record day increments for the actual amount of time the Employee is scheduled and worked using 8 hours as the common denominator. For example, Employee is scheduled and worked 15 hours, please report 1.875 days HCE along with the date of the holiday.
  - Please use the following codes only:  
Exception Codes: VA - Vacation, SR - Sick Leave Regular, SF- Sick Leave Family, HCE - Holiday Leave-Earned, HCU - Holiday Leave-Used & Other (please give a brief description).
- Both manager and employee's signature must be on the certificate and if missing, the certificate will be returned to your department as incomplete.
- All completed certificates must be received by Payroll Services Department – Jacobsen Hall – Room 100 – by the 10<sup>th</sup> of each month following the end of each calendar month.

#	Description	Employee ID # & Name	**Exception Time <i>Please enter Exception Time in the following format: Date(s) / Exception Code / Daily or Hourly Increments</i>	Employee Signature <i>*By evidence of my signature, I hereby certify that the exception time shown is proper/accurate.</i>
	Employee ID #			*
	Employee Name (please print)			
	Employee ID #			*
	Employee Name (please print)			
	Employee ID #			*
	Employee Name (please print)			
	Employee ID #			*
	Employee Name (please print)			

*I hereby certify that the person(s) noted above are employed in and have actually performed the duties of the position and employment indicated, and that each is entitled to receive the appropriate established salary for their particular position or employment for this entire payroll period, unless otherwise indicated.*

Authorized Department Manager/Supervisor Name Please Print: \_\_\_\_\_

Authorized Department Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_