



The Research Foundation for  
The State University of New York  
Upstate Medical University

# HOURLY ATTENDANCE REPORT

Directions: Complete ALL sections, obtain necessary signatures and submit according to schedule.

Name:				Dept:				Pay Period From: To:							
ID#		Project:		Task:		Award:		Grant:		Title:					
Day of Week	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	
Date															
In															
Out															
In															
Out															
Daily Total:															
Weekly Total:								Weekly Total:							
<b>CERTIFICATIONS:</b>								<b>Pay Period Summary</b>							
<b>Employee:</b> I certify that the above time and attendance information is true and complete to the best of my knowledge.  Employee: _____  Date: _____								<b>Supervisor/Project Director:</b> I confirm that the employee worked all of the above hours on the account noted.  Supervisor or Project Director: _____  Date: _____				Regular Hours			
												Overtime Hours			
Do not write below this line. Pavroll Office use only.															