

SUNY Upstate Medical University

State Employees – Hourly Timesheet

Please use this form for only those State Employees that are paid on an hourly basis

(See Instructions on the back of this form.)

Binder: \underline{T}

No: FM09

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Employee Name					Barga	Bargaining Unit (please circle one if applicable): CSEA PEF UUP Tech A						Tech Asst					
Employee ID #:						Depar	Department:										
Position Title:																	
PAYROLL PERIOD COVERED (please enter the begin and end dates):						FROM	FROM: TO:										
DATE THU FRI SAT							MON		TUE		WED			IOURS FOR			
	DATE/_ DATE/_ DATE					_/	DATE _		DATE/		DATE/		DATE/		THE	WEEK	
WEEK 1	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT			
ACTUAL TIME WORKED A. M.																	
ACTUAL TIME WORKED P. M.																	
Accrual(s) Used/Earned (see codes on back)	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours			
TOTAL HOURS																	
On Call																	
ReCall																	
Comments:																	

DATE	DATE THU DATE _/_		FRI DATE/_		SAT DATE/_		SUN DATE/_		MON DATE/		TUE DATE/		WED DATE/		TOTAL HOURS FOR THE WEEK
WEEK 1	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
ACTUAL TIME WORKED A. M.															
ACTUAL TIME WORKED P. M.															
Accrual(s) Used Earned (see codes on back)	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	
TOTAL HOURS															
OnCall															
ReCall															
Comments:															

→This time sheet is an Official State record. Alterations, falsification or failure to follow instructions may be ground for disciplinary action ←

I HEREBY CERTIFY THAT THE HOURS SHOWN ABOVE ON THIS FORM REPRESENT AN ACCURATE RECORD OF TIME WORKED AS NOTED ABOVE.									
X		X							
Employee Signature	Date	Supervisor Signature	Date						

Rev: 05/11/07



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INSTRUCTIONS:

Step 1. For ACTUAL Time Worked must be completed each day.

Step 2. Please note that the workday is determined as the date in which the majority of the hours are worked.

Step 3. All pay period dates must agree with current Pay Period Schedule that applies to Employees paid on an hourly basis.

Step 4. No hours may be worked in excess of 40 hours in any workweek without prior approval by the supervisor.

Step 5. At the end of each Hourly/Bi-weekly payroll period, the employee and the supervisor must sign this timesheet (by the "X") in the authorization section below and forward to the Payroll Services Department at Jacobsen Hall Room 100 no later than the <u>Friday</u> subsequent to the payroll period end date.

Please note: If timesheet is late, hours will be paid on the <u>next</u> available payroll

Code	Description	Code	Description
HCE	For all Employees: Holiday Comp.	SF	For all Employees: Sick Leave Family Used
	Time Earned		
HCU	For all Employees: Holiday Comp.	SR	For all Employees: Sick Leave Regular Used
	Time Used		
OC	For CSEA, PEF, and UUP	TP	For CSEA Employees: Tardy Penalty
	Employees: OnCall Time		
ОТ	Overtime Pay (to be determined by	VA	For all Employees: Vacation
	Payroll Services)		
PL	For CSEA and PEF Employees	Other	Examples: Jury duty, fire call, military leave, orientation,
	only: Personal Leave	Please	employee organization leave, worked through lunch,
		describe	maternity leave, leave of absence, etc.
RC	For all Employees: ReCall Hours		
	Worked Please be sure to report		
	actual hours worked while on		
	recall Payroll will calculate the		
	minimum of 4 hours.		

PLEASE NOTE THAT A ½ HOUR LUNCH / MEAL PERIOD IS CONSIDERED AS TIME NOT PAID UNLESS OTHERWISE NOTED

All time records will be audited by Payroll Services for propriety

If you have any questions regarding timekeeping, please contact Payroll Services Dept. at 464 – 4840 or via email at – <u>TIMEKEEP@upstate.edu</u> *THANK YOU!*

Rev: 05/11/07