



Record of Hours Worked: Bi-weekly Support Staff

See Instructions and Codes on reverse side. Do not use black ink, pencil or white-out.

Employee Name: _____ Department: MEDICINE

Employee SSN: _____ Division: _____

Hours Worked: Per the NYS Department of Labor, employees who work more than six hours straight must have a lunch break of at least half an hour. (Lunch breaks are without pay)

To Be Completed by Employee						To Be Completed by Supervisor			
Week Beginning (mm/dd/yyyy): <u> / / </u>						Hours Worked	Hours Off	Code	Total Time
In	Lunch		Out	Out	Out				
	Out	In				Out			
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Weekly Total: Regular Hours
Weekly Total: Overtime (if any)

Week Beginning (mm/dd/yyyy): <u> / / </u>						Hours Worked	Hours Off	Code	Total Time
In	Lunch		Out	Out	Out				
	Out	In				Out			
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Weekly Total: Regular Hours
Weekly Total: Overtime (if any)

Employee Signature: _____ Date: _____

Completion of timesheets is a legal requirement of the Fair Labor Standards Act and your SSA Bargaining Agreement; noncompliance will result in disciplinary action up to and including termination.

Bi-Weekly Summary - To Be Completed by Supervisor			
Bi-Weekly Total: Regular Hours			
Bi-Weekly Total: AWOP Hours			
Bi-Weekly Total: Approved Overtime	Acct#		
	% on Acct		

Comments

Supervisor Signature/Authorization: _____ Date: _____

Division Administrator Signature: _____ Date: _____



Instructions for Completing Record of Hours Worked: Bi-Weekly Support Staff

Employee

- Complete form in accordance to the enclosed bi-weekly pay schedule. (**Note:** *The work week begins on Monday and ends on Sunday*)
- *On a daily basis*, fill in your actual time of arrival (when you began your work day), the times you leave for and return from your lunch break, your time of departure (end of work day), and the total hours you worked. (**Note:** *Total daily hours worked do not include lunch breaks*)
 - If you are out for the day or any part of it, fill in the appropriate absence code in the corresponding In/Out column(s). (**Note:** *If you are out sick or due to personal reasons for more than five (5) consecutive business days please contact **the Department of Medicine Payroll Office at ext. 5-2830** regarding the sick/personal leave policies*)
- At the end of the bi-weekly pay period: Sign and date the form and turn it in to your supervisor. (**Note:** *Allow two (2) pay periods for overtime payment to reflect in paycheck*)
- Your supervisor will complete the form and return a copy to you for your records.

Supervisor

- Review and verify times of arrival and departure in the “To Be Completed by Employee” table.
Any discrepancies should be discussed with the employee. Do not erase or alter the employee’s entries. Annotate the record with your corrections and review the changes with the employee.
- In the “To Be Completed by Supervisor” table:
 - For absences that are approved or covered under an announced policy or the terms of a collective bargaining agreement, indicate the number of hours of credited time-off in the “To Be Completed by Supervisor” table, along with the appropriate code below: (**Note:** *If employee is out sick or due to personal reasons for more than five (5) consecutive business days please contact **the Department of Medicine Payroll Office at ext. 5-2830** regarding the sick/personal leave policies*)

V = Vacation	J = Jury Duty
H = Holiday	D = Death in the Family
P = Personal Day	A = Absent without Pay
LOA = Personal Leave	MWP = Military Leave With Pay
S = Sick Leave	MWOP = Military Leave Without Pay
W = Workers’ Compensation	O = Other (Explain)
C = Compensatory Time	
 - Enter the total number of hours—that is, “Hours Worked” plus or minus “Hours Off”—in the last column, and total the hours at the bottom of the table.
- **In the “Bi-Weekly Summary - To Be Completed by Supervisor” section:**
 - **Enter the total number of hours worked, the total number of approved overtime hours to be paid, and the total number of AWOP hours, for the bi-weekly period. For approved overtime, enter account number to be charged if different from SAF account.** (**Note:** *Additional signature by Division Administrator may be required for overtime processing*).
- **Sign the form and give a copy to the employee for their records. Submit the original form to the Department of Medicine Payroll Office located in PH 8W-862.** (**Note:** *If original form will be submitted directly by employee you must forward form in a sealed, signed envelope*).

For More Information

- For more information, consult the applicable collective bargaining agreement. Non-union support staff should consult the University’s *Personnel Policy Manual*.