

The **Research Foundation** of State University of New York
College of Environmental Science and Forestry, Syracuse, New York 13210
Exempt Staff

Name: _____ Employee# _____ Dept: _____

Percentage of time scheduled to work _____ full time _____ part time

Distribution of effort: project _____ task _____ award _____ percentage _____
 project _____ task _____ award _____ percentage _____
 project _____ task _____ award _____ percentage _____

* [Click HERE for Instructions and Accrual Earning Rate](#)

Biweekly payroll dates: FROM: _____ TO: _____

Part 1 – Chargeable Absences:

Report 1 day for each full day of absence
 Report 3/4, 1/2 or 1/4 day for less than full day absences

Annual Leave		Sick Leave		Holiday Comp Time		
Days	Dates	Days	Dates	Holiday worked	Days Used	Date Used

Part II – Accrual Summary (please complete this section each Biweekly)

	Annual Leave	Sick Leave	Holiday
Balance: Beginning of Biw			
Time used during Biw			
Sub Total			
Time Earned (see reverse)			
Balance: end of Biw			

Biweekly payroll dates: FROM: _____ TO: _____

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Annual Leave		Sick Leave		Holiday Comp Time		
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Part II – Accrual Summary (please complete this section each Biweekly)

	Annual Leave	Sick Leave	Holiday
Balance: Beginning of Biw			
Time used during Biw			
Sub Total			
Time Earned (see reverse)			
Balance: end of Biw			

Information presented above is accurate to the best of my knowledge.

Employee Signature _____ Date _____

Project Director/Supervisor Signature _____ Date _____

Monthly Leave Reports must be submitted to your supervisor for signature by the 10th day of the following month.

Original – Return to Payroll
 Project Director/Supervisor – Retain Copy
 Employee – Retain Copy