Queens College, Office of Human Resources
Time and Leave Record
Full -Time Non-instructional Employees

Name _____ Period _____ Through _____ Year _____

Title _____ Department _____

Make all entries in hours.

Date	Day	Actual Hours Worked In	Out	In	Out	Total Hours Worked	Leave Used Sick	Annual	Other Paid Time	Shift Diff. Hours	Comments	Earned Comp. Time	Emp. Initial
	Sun												
	Mon												
	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
Weekly Totals													
	Sun												
	Mon												
	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
Weekly Totals													
	Sun												
	Mon												
	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
Weekly Totals													
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	Mon												
	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
Weekly Totals													
	Sun												
	Mon												
	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
Weekly Totals													
				Monthly Totals									

Summary Schedule	Leave Record Sick			Annual			Comp Time	
Last Month's Balance								
Earned This Month								
Total								
Used This Month								
Balance								

The original of this completed time and leave record is required in the Office of Human Resources by the third working day of the following month

I certify that all of the above entries are true and accurate. I fully understand that any falsification of time subjects me to disciplinary action.

I have reviewed this Time and Leave Record. My signature below verifies that it is accurate to the best of my knowledge

Employee's Signature

Authorized Supervisor's Signature