

**UNIVERSITY AT BUFFALO  
Non-Exempt Professional Employees  
Monthly Attendance and Leave Report**

**TO: Supervisor/Department Head/Chair**  
 Except for those absences noted below, chargeable to vacation, sick leave, holiday compensatory time, or floating holiday, I have not been absent for the month of \_\_\_\_\_, 20\_\_\_\_.

**No Chargeable Absence**

**Vacation/Annual Leave (calendar/college year appointments only)**  
 No. Days Used \_\_\_\_\_ Date(s) Used \_\_\_\_\_

**Sick Leave**  
 No. Days Used \_\_\_\_\_ Date(s) Used \_\_\_\_\_

**Holiday Compensatory Time (calendar/college year appointments only)**  
 No. Days Earned \_\_\_\_\_ No. Days Used \_\_\_\_\_  
 Date(s) Earned \_\_\_\_\_ Date(s) Used \_\_\_\_\_

**Floating Holiday (calendar/college year appointments only)**  
 No. Days Earned \_\_\_\_\_ No. Days Used \_\_\_\_\_  
 Date(s) Earned \_\_\_\_\_ Date(s) Used \_\_\_\_\_

**Overtime Compensatory Time**  
 No. Hours Earned \_\_\_\_\_ No. Hours Used \_\_\_\_\_  
 Date(s) Earned \_\_\_\_\_ Date(s) Used \_\_\_\_\_

**CHECK IF APPLICABLE:**

- Sabbatical Leave Dates** \_\_\_\_\_ (Vacation and/or sick leave credits cannot be used or accrued)
- Leave With/Without Pay Dates and Type** \_\_\_\_\_ (Vacation and/or sick leave credits not to be used or accrued)
- Jury Duty Dates** \_\_\_\_\_ (A copy of subpoena for jury duty must be attached to this form. No accrual charges)
- Military Leave With Pay (No. of Days \_\_\_\_\_) Dates** \_\_\_\_\_ (Copy of orders must be attached)
- Workers' Compensation Leave Dates** \_\_\_\_\_ (Submit C-2 or documentation for restoration of accruals)
- Productivity Improvement Program (PIP)** (Forfeit vacation leave accruals appropriately)

\***Compensatory days off** shall be scheduled at a time mutually convenient within 1 year from the day they are granted.  
 \*\***Maximum 240 hours.** Hours up to 40 accrue at straight time rate, hours over 40 accrue at the rate of one and one half.

**ACCRUAL AND USE SUMMARY**

ACCRUAL USE IN DAYS***	VACATION/ANNUAL LEAVE DAYS			SICK LEAVE DAYS				HOLIDAY COMPENSATORY TIME DAYS*			FLOATING HOLIDAY DAYS			OVERTIME COMPENSATORY TIME HOURS**			
	Earned	Used	Balance	Earned	USED		Balance	Earned	Used	Balance	Earned	Used	Balance	Earned	Used	Balance	
					Regular	Family											
Balance Brought Forward																	
Current Month																	
	New Balance			New Balance				New Balance			New Balance			New Balance			

**Note:** For full-time employees, record partial days absence as .75, .50, .25.  
 Absences for personal reasons must be charged to vacation, holiday compensatory leave or floating holiday credits. Academic year appointments do not accrue vacation credits.

Part-time employees must accrue in days.  
 \*\*\*See reverse for accrual rates.

**SUPERVISOR:** Leave credits accrued and used each month must be posted to *Semiannual Attendance and Leave Report*.

\_\_\_\_\_  
**Employee Name (Please Print)**

\_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_  
**Department** **Person #**

\_\_\_\_\_  
**Supervisor/Department Head/Chair** **Date**  
 Signature

**LEAVE ACCRUALS  
NON-EXEMPT PROFESSIONAL EMPLOYEES**

**Overtime Compensatory Time:**

Equals number of hours worked in excess of 40 hours for any particular week(s) during the month x 1.5.

Lunch periods and breaks of 20 minutes or more, when an employee is relieved of duty, are not counted as "hours worked." Time off charged to leave credits or banked overtime compensatory time is also not considered as "hours worked."

**12-Month Appointment**

<b>Years of Service</b>	<b>Vacation Days/Month</b>	<b>Yearly Total</b>	<b>Sick Days/Month</b>	<b>Yearly Total</b>
<b>Appointed on or after July 1, 1982</b>				
0 - 1	1.25	15	1.25	15
2	1.33	16	1.33	16
3, 4, 5	1.50	18	1.50	18
6	1.66	20	1.66	20
7 or more	1.75	21	1.75	21
<b>Appointed prior to July 1, 1982</b>				
	1.75	21	1.75	21
<u>Maximum Accrual Allowable</u>				
	40 Days		200 Days	

**UNIVERSITY AT BUFFALO**  
**Semiannual Attendance and Leave Report**  
**For Use By Non-Exempt Professional Employees**  
**(See Reverse for Reporting Schedule)**

Name \_\_\_\_\_ FTE \_\_\_\_\_ Department \_\_\_\_\_  
 (Please Print)

Appt. Begin Date \_\_\_\_\_ Line # \_\_\_\_\_ Person # \_\_\_\_\_

Must Accrue in Days Year _____ Please Circle Months	VACATION DAYS			SICK LEAVE DAYS			HOLIDAY COMPENSATORY LEAVE* DAYS			FLOATING HOLIDAY DAYS			OVERTIME COMPENSATORY TIME HOURS**			
	Earned	Used	Balance	Earned	USED		Balance	Earned	Used	Balance	Earned	Used	Balance	Earned	Used	Balance
					Regular	Family										
Balance Brought Forward																
January	July															
February	August															
March	September															
April	October															
May	November															
June	December															

REMARKS: \_\_\_\_\_

- CHECK IF APPLICABLE:**
- SABBATICAL LEAVE DATES** \_\_\_\_\_ (Vacation and/or sick leave credits cannot be used or accrued)
  - LEAVE WITH/WITHOUT PAY DATES & TYPES** \_\_\_\_\_  
 (Vacation and/or sick leave credits not to be used or accrued)
  - JURY DUTY DATES** \_\_\_\_\_  
 (A copy of subpoena for jury duty must be attached to this form. No accrual charges)
  - MILITARY LEAVE WITH PAY** (No. of days \_\_\_\_\_) DATES \_\_\_\_\_  
 (Copy of orders must be attached)
  - WORKERS' COMPENSATION LEAVE DATES** \_\_\_\_\_  
 (Submit C-2 or documentation for restoration of accruals)
  - PRODUCTIVITY IMPROVEMENT PROGRAM (PIP)** (Forfeit vacation leave accruals appropriately)

**Certified Correct:**

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Supervisor/Department Head/Chair Signature Date

**NOTE:** The above data must be supported by monthly attendance reports. These records are required to be kept for at least six years subsequent to the date of certification.

Vacation leave credits may exceed 40 days during the calendar year but the employee must use the amount over 40 days prior to December 31 of that year

\*Compensatory Days Off shall be scheduled at a time mutually convenient within 1 year from the day they are granted.

\*\*Maximum 240 hours. Hours up to 40 accrue at straight time rate, hours over 40 accrue at the rate of one and one half.

**TIME AND ATTENDANCE**  
**Six-month Summary Reporting Schedule**

<b>Six-month Period</b>		
<b>July - Dec</b>	<b>Jan - June</b>	
January 5	July 5	Six-month summaries due in Department
January 17	July 17	Six-month summaries due in Human Resources (120 Crofts Hall, North Campus)

*If due date falls on a weekend or holiday, reports are due the next business day.*



STATE UNIVERSITY OF NEW YORK AT BUFFALO  
**OVERTIME PAY WAGE VOUCHER**  
**FOR NON-EXEMPT PROFESSIONAL EMPLOYEES**

NAME \_\_\_\_\_ PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_  
 LINE # \_\_\_\_\_ O.T. RATE \_\_\_\_\_ O.T. AMOUNT \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ACCOUNT(S) TO BE CHARGED \_\_\_\_\_

REGULAR TIME								OVERTIME		REGULAR TIME								OVERTIME	
DATE										DATE									
LUNCH										LUNCH									
DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL HRS.			DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL HRS.		
THURS										THURS									
/										/									
FRI										FRI									
/										/									
SAT										SAT									
/										/									
SUN										SUN									
/										/									
MON										MON									
/										/									
TUES										TUES									
/										/									
WED										WED									
/										/									

TOTAL PAID OVERTIME FOR THIS WEEK \_\_\_\_\_

TOTAL PAID OVERTIME FOR THIS WEEK \_\_\_\_\_

TOTAL PAID OVERTIME FOR BOTH WEEKS \_\_\_\_\_

CERTIFIED CORRECT \_\_\_\_\_  
 Employee

\_\_\_\_\_  
 Supervisor

Approved \_\_\_\_\_  
 Dept. Head or Designee

## INSTRUCTIONS

1. 240 hours Overtime Compensatory Time (160 hours worked x 1.5 = 240) must be accumulated before becoming eligible for payment of overtime.
2. Hours worked in excess of 40 per week (beyond 240) must be compensated at time and one-half the hourly rate.
3. The hourly overtime rate is determined by multiplying the annual salary rate by .00075 (i.e., \$8,025 x .00075 = \$6.01 hourly OT rate.).