Fiorello H. LaGuardia Community College The City of New York
NON-INSTRUCTIONAL STAFF TIME AND LEAVE REPORT

NAME:_____ SOCIAL SECURITY #:_____ _____ _____ DEPARTMENT:_____

JSN:_____ WORK UNIT:_____ CD:_____ POSITION NO:_____

DATE	IN	LUNCH OUT	LUNCH IN	OUT	ABSENCE SICK	ABSENCE COMP	ABSENCE ANNUAL	COMMENTS	EMPLOYEE SIGNATURE

PAY PERIOD FROM_____ TO_____

DEPT. HEAD:_____ PAY PERIOD FROM_____ TO_____

DO NOT WRITE BELOW THIS LINE

EVENT DESCRIPTION	SUNDAY H	SUNDAY H	SUNDAY M	SUNDAY M	MONDAY H	MONDAY H	MONDAY M	MONDAY M	TUESDAY H	TUESDAY H	TUESDAY M	TUESDAY M	WEDNESDAY H	WEDNESDAY H	WEDNESDAY M	WEDNESDAY M	THURSDAY H	THURSDAY H	THURSDAY M	THURSDAY M	FRIDAY H	FRIDAY H	FRIDAY M	FRIDAY M	SATURDAY H	SATURDAY H	SATURDAY M	SATURDAY M
0100																												
1651																												
1405																												
2652																												
2850																												

EVENT DESCRIPTION	SUNDAY H	SUNDAY H	SUNDAY M	SUNDAY M	MONDAY H	MONDAY H	MONDAY M	MONDAY M	TUESDAY H	TUESDAY H	TUESDAY M	TUESDAY M	WEDNESDAY H	WEDNESDAY H	WEDNESDAY M	WEDNESDAY M	THURSDAY H	THURSDAY H	THURSDAY M	THURSDAY M	FRIDAY H	FRIDAY H	FRIDAY M	FRIDAY M	SATURDAY H	SATURDAY H	SATURDAY M	SATURDAY M
0100																												
1651																												
1405																												
2652																												
2850																												

CERTIFY THAT THE DATA ABOVE WAS ENTERED INTO PMS: KEY OPERATOR SIGNATURE _____ DATE_____

POSITION NUMBER	DATE	HOURS	DATE	AMOUNT