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: projectproject			task task	award _ award	_ percentage _ percentage	_
project* Click H			task RE for Instructions	award award and Accrual Earnin	_ percentage g 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						
			lve D	II.1:1		D t II 1
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: Begin	nning of Biw	A	nnuai Leave	Sick Leave	Hon	day
Time used during Biw Sub Total						
Time Earned (see reverse)						
Balance: end of Biw						
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						
* · · · · · · · · · · · · · · · · · · ·		Sick Leav	•		Time	
Days	Dates	Days	Dates	Holiday worked		Date Used
Part II – Accrual Summary (please complete this section each Biweekly)						
			nnual Leave	Sick Leave	Holi	day
Balance: Beginning of Biw						
Time used during Biw						
Sub Total						
Time Earned (
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 10 th day of the following month.						
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Original – Return to Payroll **Project Director/Supervisor – Retain Copy** Employee – Retain Copy

^{*}Faculty or Staff with PI/CO-PI role: Chair or Unit Head signature required.

^{*}Chair/Unit Head with PI/C- PI role: Vice President with Unit oversight responsibility signature required.