Employee Name: Department:

|  |  |
| --- | --- |
| ***To Be Completed by Employee*** | ***To Be Completed by Supervisor, Departmental Administrator or HR Manager*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week Beginning *(mm/dd/yyyy):*    /    /       | *HoursWorked* |  | *CreditedTime-off* |  |  |  |
|  | *In* | *Out* | *In* | *Out* |  | *Code* |  | *Total Time* |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |  |  |
| Weekly Total: Regular Hours |  |  |  |  |  |  |
| Weekly Total: Overtime (if any) |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week Beginning *(mm/dd/yyyy):*    /    /       | *HoursWorked* |  | *CreditedTime-off* |  |  |  |
|  | *In* | *Out* | *In* | *Out* |  | *Code* |  | *Total Time* |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |  |  |
| Weekly Total: Regular Hours |  |  |  |  |  |  |
| Weekly Total: Overtime (if any) |  |  |  |  |  |  |

|  |
| --- |
| Comments       |

Employee Signature: Date:

Supervisor Signature/Authorization: Date:

**Summary of Benefits *(To Be Completed by Supervisor, Departmental Administrator or HR Manager)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Prior Balance* | *PLUS Additional Time Earned (If Any)* | *MINUS Total Used* | *New Balance (As of the End of the Current Bi-weekly Pay Cycle)* |
| Sick Leave (Anniversary Year) |  | +  | –  | =  |
| Personal Days(Anniversary Year) |  | +  | –  | =  |
| Vacation\*(Fiscal Year) |  | +  | –  | =  |
| New York Safe/Sick Leave / New Jersey Sick Leave (Fiscal Year) *NUSS only* |  | +  | –  | =  |

*\*****Remember:*** *Vacation earned in one fiscal year (July 1 – June 30) must be scheduled and approved and used by June 30 of the following fiscal year. Employees do not accrue sick leave or vacation, nor are they entitled to holiday pay, during an unpaid leave of absence.*

**Instructions for Completing Record of Hours Worked: Bi-Weekly Support Staff**

***Employee***

* *On a daily basis,* fill in your actual time of arrival (when you began your work day), the times you leave for and return from your meal break, your time of departure (end of work day), and the total hours you worked *(****Note:*** *Total daily hours worked do not include meal breaks).*
* *At the end of the bi-weekly pay period,* enter your total regular hours worked as well as any overtime *authorized* by your supervisor. Sign and date the form and turn it in to your supervisor.
* Your supervisor will complete the form and return a copy to you for your records.

***Supervisor***

* Review and verify times of arrival and departure in the “To Be Completed by Employee” table.

Any discrepancies should be discussed with the employee. Do not erase or alter the employee’s entries. Annotate the record with your corrections and review the changes with the employee.

* In the “To Be Completed by Supervisor” table:

— For absences that are approved or covered under an announced policy or the terms of a collective bargaining agreement, indicate the number of hours of credited time-off in the “To Be Completed by Supervisor” table, along with the appropriate code:

**V** = Vacation

**H** = Holiday

**PD** = Personal Day

**PL** = Personal Leave

**SL** = Sick Leave

**NSL** = New York Safe and Sick Leave / New Jersey Sick Leave *(Non-Union Support Staff Only)*

**WC** = Workers’ Compensation

**CT** = Compensatory Time

**J** = Jury Duty

**D** = Death in the Family

**MWP** = Military Leave With Pay

**MWOP** = Military Leave Without Pay

**AWOP** = Absent without Pay

**O** = Other (Explain)

Enter the total number of credited hours—that is, “Hours Worked” plus “Credited Time-off”—in the last column, and total the hours at the bottom of the table.

* Update the “Summary of Benefits” as appropriate.
* Sign the form and give a copy to the employee for their records.

***Notes:***

1. Regular part-time support staff members are entitled to pro-rated sick leave, vacation and personal days based on the number of hours worked per week. For administrative purposes, regardless of the number of hours a regular part-time employee works per day, his/her earned benefit “day” is equal to 1/5th the total hours of the work week. Accumulations, therefore, should be maintained in hours. Actual time lost should be charged against the appropriate hourly balance.
2. For more information, consult the applicable collective bargaining agreement or University policies.

Columbia University complies with the New York City Earned Safe and Sick Time Act and the New Jersey Sick Leave Law.

* For more information on the NYC Safe and Sick Leave Act, please see the [New York Safe and Sick Time Policy](https://universitypolicies.columbia.edu/content/new-york-safe-and-sick-leave-policy).
* For more information on the New Jersey Sick Leave law, please see the [New Jersey Earned Sick Leave Notice of Employee Rights](https://humanresources.columbia.edu/content/new-jersey-earned-sick-leave-notice-employee-rights). The [full text of the law can be found on the New Jersey Department of Labor website](https://nj.gov/labor/wagehour/lawregs/nj_state_wage_and_hour_laws_and_regulations.html#11D1).