NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS TIME SHEET

(prescribing directive is DMNA 690-1, proponent is MNHS)

NAME: JOHN DOE TITLE: CLERK LOCATION: LATHAM HQ PHONE: 518.786.XXXX

LINE NO. 0 NEG UNIT: CSEA(47) X PS&T(05) ____ ASU (02) ____ OSU(03 ____ M/C(46) ____ [IPP DATES: ____ / ____]

ANNIVERSARY DATES: PERSONAL LEAVE DATE: 0-Jan-00 ANNUAL LEAVE DATE 0-Jan-00

WORK SCHEDULE: REGULAR X ALTERNATE ____ SUMMER ____ PART TIME (%)

PERMANENT NIGHTS: YES ____ NO X HOLIDAY COMPENSATION: PAY X TIME ____ REGULAR DAYS OFF: Sat/Sun

PAY PERIOD # 13 FOR PERIOD BEGINNING: MONTH 9 DAY 15 YEAR 2011 ENDING: MONTH 9 DAY 28 YEAR 2011

DAY	DATE	RECORD HOURS IN AND OUT						SCH'D HOURS	NIGHT WRK'D	LEASE NO.	HEAVY SNOW	COMP WRK'D	HOL COMP EARND	O.T. HOURS	LWOP		ANNUAL LEAVE		SICK LEAVE			PERS LEAVE	HOL COMP USED	COMP TIME USED	MILITARY LEAVE	
		IN	OUT	IN	OUT	IN	OUT								REG	W/C	REG	W/C	REG	FAM	W/C				CAL	WORK
THUR	9/15	8:00	10:00	12:30	1:15	2:00	4:15	7.50	2.5	DRL																
FRI	9/16	DRL						7.50	7.5	DRL																
SAT	9/17	x						x																		
SUN	9/18	x						x																		
MON	9/19	8:00	12:30	1:15	3:15	DOCTORS		7.50	1.0	DRL																
TUES	9/20	8:00	12:30	1:15	4:15			7.50																		
WED	9/21	8:00	12:30	1:15	4:15			7.50																		
THUR	9/22	8:00	12:30	1:15	4:15			7.50																		
FRI	9/23	8:00	12:30	1:15	4:15			7.50																		
SAT	9/24	x						x																		
SUN	9/25	x						x																		
MON	9/26	8:00	12:30	1:15	4:15			7.50																		
TUES	9/27	8:00	12:30	1:15	4:15			7.50																		
WED	9/28	8:00	12:30	1:15	4:15			7.50																		
							TOTALS	75.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0

NOTE: DRL may be used for scheduled doctor's appointments with prior supervisory approval.

DRL may NOT be used for unscheduled (call-off) sick leave such as personal or family illness.

HOLIDAY WRKD/DATE: ____ TOTAL OT HRS: 0.00 LWOP HOURS: 0.00 TARDY MINUTES: ____

ACCRUAL SUMMARY	ANNUAL LEAVE		SICK LEAVE		PERSONAL LEAVE	HOLIDAY COMP TIME	COMP TIME		MILITARY LEAVE	
	REG	W/C	REG	W/C			PREV	CURR	CALENDAR	WORK
BALANCE BEGINNING OF TIME SHEET	303.00	0.00	449.25	0.00	16.25	0.00	0.00	0.00	0	0
SUBTRACT CHARGES USED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0
SUBTOTAL	303.00	0.00	449.25	0.00	16.25	0.00	0.00	0.00	0	0
ADD CREDITS EARNED	5.75	0.00	3.75	0.00	0.00	0.00	0.00	0.00	0	0
BALANCE END OF TIME SHEET	308.75	0.00	453.00	0.00	16.25	0.00	0.00	0.00	0	0

FLOATING HOLIDAY(S)	
1	2
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

1 = Lincoln's Birthday
2 = Election Day

DATE WORKERS COMPENSATION TIME RESTORED

EMPLOYEE SIGNATURE: John Doe DATE: 9/28/11

SUPERVISORS SIGNATURE: [signature] DATE: 9/29/11

EMPLOYEE AND SUPERVISOR SIGNATURES CERTIFY THE ABOVE INFORMATION AS CORRECT

DMNA FORM 1037A MARCH, 2010

HUMAN RESOURCES COPY **EMPLOYEE COPY** **SUPERVISOR COPY**

REGULAR SICK USED TO DATE	7.50
FAMILY SICK USED TO DATE	0.00
TOTAL SICK USED TO DATE	7.50