

SEFA TIME TRACKING FORM FOR ALL STATE EMPLOYEES' SEFA ACTIVITY

TWO WEEK PAY PERIOD COVERED:

FROM (Thursday):

TO (Wednesday):

INSTRUCTIONS:

This form will track work hours spent by New York State employees serving as Loaned Associates at SEFA sites, by agency Management Liaisons, Campaign Managers, and Administration staff assisting in the 2009 SEFA Campaign.

A form must be completed for each pay-period during the pledge period by any of the above entities. It should be signed by the employee, their supervisor, and for Loaned Associates also by a SEFA Official who can validate time usage at a SEFA site. Copy should be retained by employee and supervisor.

Upon completion, the form must be forwarded by the NYS employee to their Bureau of Human Resources Management for Agency record-keeping and documentation.

Agencies having electronic timekeeping systems (e.g. LATS) may wish to gather and maintain this data electronically by assigning a miscellaneous leave code for "SEFA Campaign Activities."

EMPLOYEE NAME (Last, First, MI)			TITLE		GRADE
AGENCY			FACILITY/BUREAU/UNIT		
TWO WEEK PERIOD					
Day	Date(s) Month/Day	Hours Worked	Day	Date(s) Month/Day	Hours Worked
Thurs.			Thurs.		
Fri.			Fri.		
Sat.			Sat.		
Sun.			Sun.		
Mon.			Mon.		
Tues.			Tues.		
Wed.			Wed.		
Total Hours Spent at a SEFA site or working on the SEFA campaign: _____			Total Hours Spent at a SEFA site or working on the SEFA campaign: _____		
EMPLOYEE SIGNATURE:		Date:	SEFA OFFICIAL SIGNATURE (<i>for Loaned Associates only</i>):		Date:
EMPLOYEE's Supervisor:			Date:		