

- Please complete the ‘Employee Information’ section
- Input your regular working hours for the days you are normally required to report to work
- Do not fill in scheduled hours for your pass days, generally Saturday and Sunday
- The week is based on our payroll calendar and runs from Thursday to Wednesday

**EMPLOYEE INFORMATION:**

LAST NAME <b>Smith</b>	FIRST NAME <b>John</b>	MI <b></b>
PERSON NUMBER <b>5555-5555</b>	PHONE NUMBER <b>716-645-2000</b>	EMAIL <b>jsmith@buffalo.edu</b>
DEPARTMENT NAME <b>HR</b>	FTE <b>1</b>	WORKWEEK <b>37.5</b>

**Regular Schedule**

Day of Week	Scheduled Hours	
	Time In	Time Out
Thursday	9:00 AM	5:00 PM
Friday	9:00 AM	5:00 PM
Saturday		
Sunday		
Monday	9:00 AM	5:00 PM
Tuesday	9:00 AM	5:00 PM
Wednesday	9:00 AM	5:00 PM

- INSTRUCTIONS:**
1. Employee fill in gray boxes to complete form.
  2. Goes to File > Save as "Your Name Level 1 Compensatory Time."
  3. Emails to their supervisor for review and approval.
  4. Supervisor to discuss any changes with their employee.
  5. Once timesheet is accurate, supervisor clicks attestation checkbox.
  6. Supervisor inputs their name and email.
  7. Supervisor saves file.
  8. Supervisor clicks 'SUBMIT'.
- HR will review your submission, any compensatory time earned will be noted in the 'Additional Comments' section on your monthly timesheet.

- In the ‘Regular Time’ table:
  - The ‘Start Date’ is the first day you report to work for emergency response
  - Input your regular working hours
  - Record your lunch break
- In the ‘Compensatory Time’ table:
  - Record time worked beyond your regular scheduled shift

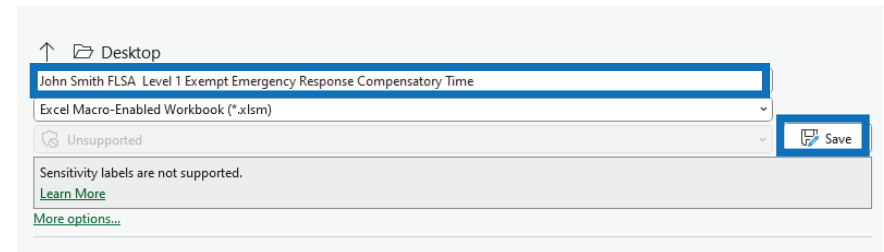
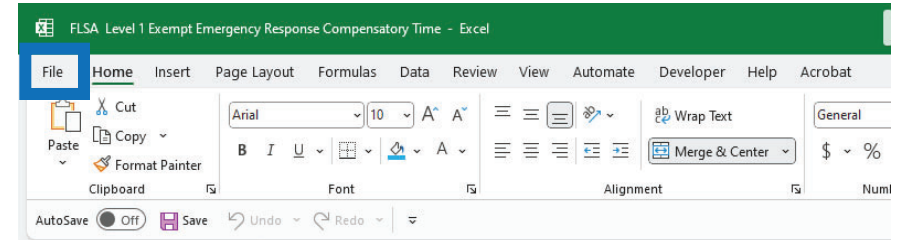
**Regular Time**

Date	Time In	Lunch		Time Out	Total
		Out	In		
Start Date					
12/14/2024	8:00 AM	12:00 PM	12:30 PM	6:00 PM	7.50
12/15/2024					0.00
12/16/2024					0.00
12/17/2024					0.00
12/18/2024					0.00
12/19/2024					0.00
12/20/2024					0.00
<b>Total</b>					<b>7.50</b>

**Compensatory Time**

Time In	Time Out	Total
8:00:00 PM	8:00:00 PM	2.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
<b>Total</b>		<b>2.00</b>

- Once you have filled in the time worked:
  - Click on 'File'
  - Click on 'Save As'
  - Input your First Name Last Name in front of the document title
  - Click 'Save'
  - Send the form to your supervisor via email



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- Your supervisor should:
    - Review time worked
    - Check the certification box
    - Input their name and email
    - Submit the form to HR
    - HR will record days earned in the 'Additional Comments' section of your timesheet as L1 Response Time

I HAVE THOROUGHLY CHECKED THE INFORMATION AND CALCULATIONS ABOVE, AND I CERTIFY THEM TO BE CORRECT.

Supervisor Name  Supervisor Email

**SUBMIT**

- You will need to request and receive approval to use L1 Response Time per normal department procedure
- On your timesheet, click on the date you will take time
  - Record the absence as 'Non-Chargeable' in .25 increments
  - 'Non-Chargeable Type' is 'Administrative Leave'
  - In 'Comments' input 'L1 Response'

- 'L1 Response' will populate in the 'Time Record Comments' after you submit your timesheet
- If you have questions regarding submitting your timesheet and/or completing the form please contact:
  - Benefit Services (State)  
716-645-7777  
ub-hr-timeandattendance@buffalo.edu

Accrual Period: December 2024 - Working Change Period

Name	Vacation	Sick*	Family Sick Used	Lost Time	Floater	Holiday	Regular	Time	Non-Chargeable Reason
Beginning	60.25	224.50	0.00	0.00	3.00	3.00	0.00	0.00	
Charged	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	Administrative Leave
Sub-Total	60.25	224.50	0.00	0	3.00	3.00	0.00	0.25	
Earned	1.75	1.75	0.00	0.00	0.00	0.00	0.00	0.00	
Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Ending	62.00	225	0.00	0.00	3.00	3.00	0.00	0.25	

\* Includes family sick leave balance

Time Charged Click a day to add or update an Accrual Charge

December 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 0.25 - Administrative Leave	24	25 Christmas Day	26	27	28
29	30	31				


• S - Saved Time Off Request  
 • P - Pending Time Off Request  
 • A - Approved Time Off Request

Time Record Comments			
L1 Response			
.AM7SZK4 - 12/23/2024 00:00:00			

Holiday Time Worked			
Holiday Name	Floater?	Observed Date	Earned Amount
Christmas Day	N	12/25/2024	0

**For Supervisors:**

- This form is only to be used for employees designated as Level 1 for additional time worked during emergency response efforts
- Once your employee submits this form to you please verify:
  - The employee is Level 1 and FLSA exempt
  - The dates correspond to an emergency response effort on-campus
  - That the days/hours indicated match your records
- If corrections are needed please send the form back to your employee for necessary changes
- Once the form is accurate:
  - Check the attestation box
  - Input your name and email
  - Click 'Submit'
  - Send the form via email to: [ub-hr-timeandattendance@buffalo.edu](mailto:ub-hr-timeandattendance@buffalo.edu)


**University at Buffalo**  
 Human Resources

**Level 1 FLSA Exempt**  
 Emergency Response Compensatory Time

This form is only for employees exempt from FLSA, designated officially as 'Level 1', directed to report to campus during an emergency when classes and activities have been cancelled. These employees are eligible to earn compensatory time on an hour for hour basis, for each hour of work beyond their normal daily working hours as part of the university's emergency response.

**This compensatory time is available for use as a leave accrual, has no cash value and expires at the end of the fiscal year following the fiscal year in which it was earned.**

**EMPLOYEE INFORMATION:**

LAST NAME	FIRST NAME	MI
Smith	John	
PERSON NUMBER	PHONE NUMBER	EMAIL
5555-5555	716-645-2000	jsmith@buffalo.edu
DEPARTMENT NAME	FTE	WORKWEEK
HR	1	37.5

Regular Schedule		
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12/20/2024					0.00
<b>Total</b>					<b>7.50</b>

Compensatory Time		
Time In	Time Out	Total
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		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
<b>Total</b>		<b>2.00</b>

I HAVE THOROUGHLY CHECKED THE INFORMATION AND CALCULATIONS ABOVE, AND I CERTIFY THEM TO BE CORRECT.

Supervisor Name \_\_\_\_\_

Supervisor Email \_\_\_\_\_

**SUBMIT**