



## Part-Time Classified Staff Time Sheet

<b>NAME (Last)</b>		<b>(First)</b>	<b>TITLE</b>		<b>DEPARTMENT/BUDGET #:</b>		
<b>CUNYFirst Emplid:</b>	<b>Payroll Reference #:</b>		<b>Pay Period Covered</b>		<b>Budget Line:</b>	<b>College Assistant</b>	<b>8646</b>
<b>Record #:</b>		<b>From:</b>	<b>To:</b>	<b>Tech Fee</b>		<b>7646</b>	
				<b>Continuing Education</b>		<b>6646</b>	

<b>To BE FILLED IN BY PAYROLL ONLY:</b>	<b>WORK UNIT</b>	<u>PMS</u>		<b>WEEK NO.</b>
		<b>CD:</b>	<b>JSN:</b>	

*Every consecutive 5-hour period must include 1/2 hour for lunch.*

*Every consecutive 7-hour period must include 1 hour for lunch.*      **EVENT CODE**

			IN	LUNCH OUT	LUNCH IN	OUT	0100 Work Hours	1651 Shift Hours	2850 Annual Leave	*2651 **2652 Sick Leave	CL/JD	Employees Initials
Day of Week	Date Month	Date Day										
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												

**Comments:**

**CL:COVID Leave**  
**JD: Jury Duty**  
*\* Documented Sick Leave*  
*\*\* Undocumented Sick Leave*

Total Work Hours	
Total Annual Leave Hours	
Total Sick Hours	
Total Other Hours	
Grand Total	

*I state that these hours have not been submitted for payment on any other payroll:*

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Key Entry Operator: \_\_\_\_\_ Date: \_\_\_\_\_