



Part-Time Classified Staff Time Sheet

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

To BE FILLED IN BY PAYROLL ONLY:	WORK UNIT	CF Record #	PMS CD: JSN:	WEEK NO.
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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	Other	Employees Initials
Day of Week	Date Month	Date Day										
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												

Comments:

*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: _____