



Part-Time Classified Staff Time Sheet

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

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

Every consecutive 5-hour period must include ½ hour for lunch.

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

							0100	1651	2850	*2651 **2652		
Day of Week	Date Month	Date Day	IN	LUNCH OUT	LUNCH IN	OUT	Work Hours	Shift Hours	Annual Leave	Sick Leave	CL/JD	Employees Initials
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: