

COLLEGE OF STATEN ISLAND / CUNY  
HOURLY EMPLOYEE TIME SHEET



To: Payroll Office, Room 3A 203

NAME: \_\_\_\_\_ LAST 4 OF SS: 

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(Print or Type)

DEPARTMENT \_\_\_\_\_ CAMPUS \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ PHONE EXT. \_\_\_\_\_  
(College Assistant, Tutor, Student Aide, or Nurse-Part Time)

For 2-week period, Sunday 09-09-2012 through Saturday \_\_\_\_\_

Day	Mo.	Date	Time In	Meal Time*		Time Out	Hours Worked**	Sick Leave	Annual Leave	Employee Signature
				Out	In					
Sun.							0			
Mon.							0			
Tues.							0			
Wed.							0			
Thurs.							0			
Fri.							0			
Sat.							0			
Week 1 Total							0			
Sun.							0			
Mon.							0			
Tues.							0			
Wed.							0			
Thurs.							0			
Fri.							0			
Sat.							0			
Week 2 Total							0			
Total							0			

No employees are permitted to work more than 5 consecutive hours without taking a minimum of 1/2 hour unpaid break  
To nearest quarter hour

I attest this employee has worked the hours listed.

Rev 9/12

Approved by: \_\_\_\_\_  
Supervisor's Signature/Date  
\_\_\_\_\_  
Supervisor's Name (Please Type or Print)

FOR PAYROLL USE ONLY							
Hours For	Hours Worked	S/L	A/L	Total Hours	Rate	Total	Remarks
Regular							
Shift							
Other							
Regular							
Shift							
Other							