



**NON-TEACHING ADJUNCT, PART-TIME CLT,
 CONTINUING EDUCATION TEACHER
 HOURLY TIMESHEET**

**PLEASE FOLLOW THE APPROPRIATE PAYROLL SCHEDULE*

TIME STAMP

CUNYFirst ID or Last 4 of SSN	DEPARTMENT	EMPLOYEE #	CD	JSN
LAST NAME	FIRST NAME	TITLE		
WORK PERIOD	COURSE & SECTION or PAR #			

WEEK 1	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
TIME								
HOURS WORKED								
TOTAL HOURS FOR WEEK ONE								

Key Entry Date _____

WEEK 2	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
TIME								
HOURS WORKED								
TOTAL HOURS FOR WEEK TWO								

Key Entry Date _____

I certify that the time indicated above reflects actual/reported hours. _____ EMPLOYEE SIGNATURE	APPROVED _____ SUPERVISOR SIGNATURE
_____ DATE	_____ DATE