

# Brooklyn College Auxiliary Enterprises Employee Timesheet

Name Of Employee

Last 4 of Social Security #  Department

**Please note time sheets are due by 12 noon. Any late time sheets will be processed on the next payroll.**

Day	Date	Time In	Meal Period	Time Out	Total Worked Hours	Sick Hours	Annual Hours	Unscheduled Hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Week Sub-Total</b>								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>Week Sub-Total</b>								
<b>Total Hours</b>								

I certify that the hours above have been worked. Sick, annual and/or unscheduled leave hours have to be taken as indicated. All computations are correct and there are sufficient funds in my allocation to pay this expenditure.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Chairperson/ Authorized Representative