

Brooklyn College

Non-Tax Operating Account

Employee Time Sheet

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 | | | | | | | | |
| Week Sub-Total | | | | | | | | |
| Monday | | | | | | | | |
| Tuesday | | | | | | | | |
| Wednesday | | | | | | | | |
| Thursday | | | | | | | | |
| Friday | | | | | | | | |
| Saturday | | | | | | | | |
| Sunday | | | | | | | | |
| Week Sub-Total | | | | | | | | |
| Total Hours | | | | | | | | |

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