

NON-TEACHING ADJUNCT and CONTINUING EDUCATION TEACHERS
 TIME SHEET
 BROOKLYN COLLEGE PAYROLL
 OFFICE

PAYROLL TITLE _____

DEPT #	EXP CODE	RATE

Payroll Period: _____

Name: _____

Empl ID#: _____

Department: _____

No	Day	Date	Time In	Meal Period	Time Out	Work Hrs	Signature
1	SUN						
2	MON						
3	TUES						
4	WED						
5	THURS						
6	FRI						
7	SAT						
WEEK SUB-TOTAL							
8	SUN						
9	MON						
10	TUES						
11	WED						
12	THURS						
13	FRI						
14	SAT						
WEEK SUB-TOTAL							
TOTAL HOURS							

I certify that the hours above have been worked. All computations are correct and there are sufficient funds in my allocation to pay this expenditure.

Prepared by _____ Extension _____ Department Chairperson/Area Head _____