

**COLLEGE OF STATEN ISLAND/CUNY
OFFICE OF BUSINESS
NON - TEACHING ADJUNCT TIME SHEET**

RETURN COMPLETED TIME SHEETS TO THE BUSINESS OFFICE 3A - 201

POSITION NUMBER: _____ EMPLID: _____
 PAYROLL PERIOD #: _____ NAME: _____
 PAY DATE: _____ DEPARTMENT: _____
 HOURLY RATE: _____ PAY PERIOD: _____

DAY	DATE	TIME IN	*MEAL IN	MEAL OUT	TIME OUT	**HOURS WORKED	TOTAL	SIGNATURE
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
WEEK TOTALS								

DAY	DATE	TIME IN	*MEAL IN	MEAL OUT	TIME OUT	**HOURS WORKED	TOTAL	SIGNATURE
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
WEEK TOTALS								
TOTAL								

I CERTIFY THAT THESE HOURS HAVE BEEN WORKED AND THAT ALL COMPUTATIONS ARE CORRECT AND THAT THERE ARE SUFFICIENT FUNDS IN MY ALLOCATION TO PAY FOR THIS EXPENDITURE.

DEPARTMENT HEAD SIGNATURE _____

ALTERNATE DESIGNEE SIGNATURE _____

*No employee is permitted to work more that 5 consecutive hours without taking a minimum of 1/2 hour unpaid break.

**To the nearest quarter hour

FOR PAYROLL USE ONLY
PAY PERIOD
PAY DATE
TOTAL HOURS
RATE
AMOUNT PAID