NO EXCEPTION INDICATOR
FOR NO EXCEPTIONS
PLACE "X" IN BOX ☐

FT NO. _____

BRONX COMMUNITY COLLEGE
of
The City University of New York

ORIGINAL EMPLOYEE TIME REPORT
(FULL TIME CLASSIFIED STAFF)

TO BE SUBMITTED TO THE DEPARTMENT OF HUMAN RESOURCES EACH MONDAY MORNING

DOCUMENT NUMBER	REFERENCE NO. (REQUIRED)	CK. DC.	JOB SEQUENCE NO.

EMPLOYEE NAME (PLEASE PRINT) LAST: FIRST:	PAYROLL DIST. NO. BRONXCC/463
TIME REPORTING PERIOD FIRST DATE: LAST DATE:	WEEK IND.
DEPARTMENT:	DEPT. EXT.

DAY // DATE	SUNDAY Date:	MONDAY Date:	TUESDAY Date:	WEDNESDAY Date:	THURSDAY Date:	FRIDAY Date:	SATURDAY Date:
TIME IN							
LUNCH HOUR(OUT/IN)							
TIME OUT							
COMP. TIME EARNED							
TIME TAKEN							
SICK							
ANNUAL							
COMP. TIME TAKEN							
UNSCHEDULED DAY							
PAID OVERTIME							
HOURS // MINUTES							

NOTE: STAFF MAY NOT WORK MORE THAN FIVE HOURS WITHOUT A LUNCH BREAK CONSISTING OF ONE HOUR

I CERTIFY THAT THE TIME REPORT INDICATED ABOVE REFLECTS ACTUAL HOURS WORKED	APPROVED	I CERTIFY THAT THE DATA BELOW WAS ENTERED INTO PMS
EMPLOYEE _____ DATE _____	SUPERVISOR _____ DATE _____	KEY ENTRY OPERATOR _____ DATE _____

DO NOT WRITE BELOW THIS LINE

EVENT DESCRIPTION	SUNDAY H H M M	MONDAY H H M M	TUESDAY H H M M	WEDNESDAY H H M M	THURSDAY H H M M	FRIDAY H H M M	SATURDAY H H M M