

BRONX COMMUNITY COLLEGE
of
The City University of New York

HEO AND CLT SERIES WEEKLY TIMESHEET

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

REFERENCE NUMBER			
EMPLOYEE NAME (PLEASE PRINT) LAST: FIRST:		PAYROLL TITLE:	
TIME REPORTING PERIOD WEEK BEGIN DATE:		WEEK END DATE:	
DEPARTMENT:		DEPT. EXT.	

DAY // DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
TIME IN							
LUNCH (OUT/IN)							
TIME OUT							
APPROV'D COMP TIME							

TIME TAKEN

SICK							
ANNUAL							
UNSCHEDULED DAY							
COMP TIME							

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			
EMPLOYEE	DATE	SUPERVISOR	DATE	RECORDED BY	DATE