BRONX COMMUNITY COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK

BI-WEEKLY ADJUNCT TIMESHEET
(FOR REPORTING TEACHING & PROFESSIONAL HOURS)

DEPARTMENT: _____

SEMESTER: _____

COURSE: _____

SECTION: _____

REFERENCE #: _____
7 DIGITS (found on your paystub)

EMPLOYEE'S NAME: _____
Please PRINT

CUNYfirst EMPLID: _____

WEEK(S) WORKED: **FROM:** _____   **TO:** _____

Notes: You may be excused for personal illness or emergency for a period of 1/15 of the total
number of contact hours in the session or semester without loss of pay;
additional absences will result in adjustments to your compensation.

Submission of this form more than one week after the conclusion of the work period stated
above may result in the withholding of your paycheck(s).

WEEK ONE

Date	Day	Contact Hrs. Taught	Prof. Hours*	Activity**
	Sun.			
	Mon.			
	Tues.			
	Wed.			
	Thurs.			
	Fri.			
	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours*	Activity**
	Sun.			
	Mon.			
	Tues.			
	Wed.			
	Thurs.			
	Fri.			
	Sat.			
WEEKLY TOTAL=				

*In this column, enter the time worked in a non-teaching capacity (e.g., 2:00pm-3:00pm next to the appropriate day and date).

**In this column, of the indicator codes listed below, enter the one that best describes the nature of the non-teaching work performed during that time (e.g., enter *H* in the "Activity" column next to the time worked):

FD=Faculty Development   *H*=Office Hours   *T*=Tutoring   *O*=Other

I CERTIFY that the above accurately reflects: (1) my classroom contact hours, (2) my professional hours worked and (3) any absence(s) that may have occurred during this time period.

_____   _____
Employee's Signature   **Date**

APPROVAL: I have reviewed the above information and attest that it is accurate and complete.

_____   _____
Authorized Signature   **Date**