TO: TEACHING ADJUNCTS

FROM: Carla Griffith – University Payroll, CUNY Central Office

SUBJECT: Fall 2022 Pay Schedule - Bronx Community College

DATE: August 15<sup>th</sup>, 2022

Please note that the Fall 2022 pay dates are as follows:

September 2<sup>nd</sup>, 2022 October 28<sup>th</sup>, 2022

September 16<sup>th</sup>, 2022 November 11<sup>th</sup>, 2022

September 30<sup>th</sup>, 2022 November 25<sup>th</sup>, 2022

October 14<sup>th</sup>, 2022 December 9<sup>th</sup>, 2022

#### How your pay is calculated

Total semester hours, which include proctoring hours for the assigned course(s), are divided into eight equal payments.

hourly rate x total semester hours / 8

\*ex.  $$77.49 \times 60 \text{ hours } / 8 = $581.18 \text{ (this would be the gross amount paid every two weeks)}$ 

The rate and hours specific to you can be found on your *ePAF*, which is available through your department.

#### **Absences**

Adjuncts are allowed 1/15 of paid absences for personal illness/emergency (divide the "Total Hours" on the ePAF by 15). The monetary value of absences in excess of the 1/15 will be deducted from future check(s).

**Two-Year or Three Year Adjunct Appointment**: For information regarding leave earned under the two-year and three-year Adjunct Appointment, please access the FAQs on the Human Resources page of the BCC website. There is a tab labeled "New 2 Year and 3 Year Adjunct Appointments"

<sup>\*</sup>this calculation will differ if your assignment does not cover the full 15 weeks of the semester

OF THE CITY UNIVERSITY OF NEW YORK

DEPART	MENT:					SEMESTE	R:	FALL 2022		
COURSE	i:					SECTION:				
						CUNYFirst	EMPL ID#		GITS (require	ad)
EMBL OX	VEETO NAME.					DEFEDEN	OF #.	0 010	orio (require	<del>su</del> )
EMPLOY	EE'S NAME:		Please PRINT			REFEREN	GE #:	7 DIGITS (requir	ed found on	vour pavstub)
WEEK(S	) WORKED:	FROM:		8/25/2022		TO:		8/27/2022	<u> </u>	
Notes:	number of cor additional abs Submission o	xcused for persontact hours in the sences will result	e session or t in adjustm than one w	r semester wit ents to your c eek after the c	hou omp	it loss of pay; pensation.		ated		
	•	sult in the withho	olding of you	ur paycheck(s	).					
	1	WEEK ONE	D	1			W	EEK TWO	IDf	1
Date	Day	Contact Hrs. Taught	Prof. Hours			Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
	XXXXXXX	XXXXXXXX	XXXXXX	XXXXX		8/21/22	Sun.	XXXXXXX	XXXXX	XXXXX
	XXXXXXX	XXXXXXXX	XXXXXX	XXXXX		8/22/22	Mon.	xxxxxxx	xxxxx	XXXXX
	xxxxxxx	xxxxxxxx	xxxxxx	xxxxx		8/23/22	Tues.	xxxxxxx	XXXXX	XXXXX
	xxxxxxxx	XXXXXXXXX	xxxxxxx	xxxxxx		8/24/22	Wed.	XXXXXXX	XXXXX	XXXXX
	XXXXXXX	XXXXXXXX	XXXXXX	XXXXX		8/25/22	Thurs.			
	XXXXXXX	XXXXXXXX	XXXXXX	XXXXX		8/26/22	Fri.			
	XXXXXXX	XXXXXXXX	XXXXXX	XXXXX		8/27/22	Sat.			
WEEKLY	/ TOTAL=					WEEKLY 1	TOTAL=			
day und	t on any of the er the column FY that the aboung absence(s	"ABSENCES ove accuratel	y reflects	: (1) my cla	ssr	oom conta	ct hours, (2)			
ADDDOV	·	oyee's Signat			-4	40 a4 4b a4 !4 !			Date	
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OF THE CITY UNIVERSITY OF NEW YORK

DEPARTM	ENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
				····	CUNYFirs	EMPL ID#	8 DIG	GITS (require	d)
EMPLOYE	E'S NAME:				REFEREN	CE #:			
			Please PRINT				7 DIGITS (require		your paystub)
WEEK(S)	WORKED:	FROM:		8/28/2022	TO:		9/10/2022	-	
Notes:	number of con additional absorbances Submission of	itact hours in th ences will resul f this form more	e session o It in adjustn than one v	or emergency for semester with nents to your co veek after the co	out loss of pay; mpensation. Inclusion of the		ated		
	•	WEEK ONE	g,.	, a. <b></b>		w	EEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
8/28/22	_	raugiit	nours		9/4/22		NO CLASSE		
8/29/22					9/5/22		COLLEGE O		
							OOLLEGE (		
8/30/22		<u> </u>	<del>                                     </del>	+	9/6/22			<del> </del>	
8/31/22	Wed.		<u> </u>		9/7/22	Wed.		<u> </u>	
9/1/22	Thurs.		<u> </u>		9/8/22	Thurs.			
9/2/22	Fri.	NO CLASSE	ES		9/9/22	Fri.		ļ	
9/3/22	Sat.	NO CLASSE	<u>ES</u>		9/10/22	Sat.			
WEEKLY	ΓΟΤΑL=				WEEKLY T	TOTAL=			
day under I CERTIFY	the column	"ABSENCES	S" ly reflects	eduled to tead s: (1) my clas red during th	sroom conta	ct hours, (2)		••	•
APPROVA	_	oyee's Signa		rmation and a	attest that it i	s accurate a	nd complete	Date .	
	Δutho	orized Signat	ure					Date	

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DEPARTM	IENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirs	t EMPL ID#	8 DIG	GITS (requi	red)
EMDI OVE	E'S NAME:				REFEREN	CE #·			
LIVIFLOIL	L S NAME.	-	Please PRINT	<u>r</u>	KLI LKLI	OL #.	7 DIGITS (requir	ed_found o	n your paystub)
WEEK(S)	WORKED:	FROM:		9/11/2022	TO:		9/24/2022	<u>!</u>	
Notes:	number of cor additional abs	ntact hours in the ences will resul	e session t in adjust	s or emergency fo or semester with ments to your co	out loss of pay; mpensation.				
				week after the co our paycheck(s).	nclusion of the	work period st	ated		
	,	WEEK ONE				v	VEEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
9/11/2022	Sun.				9/18/22	Sun.			
9/12/2022	Mon.				9/19/22	Mon.			
9/13/2022	Tues.				9/20/22	Tues.			
9/14/2022	Wed.				9/21/22	Wed.			
9/15/2022					9/22/22				
9/16/2022	Fri.				9/23/22	Fri.			
9/17/2022	Sat.				9/24/22	Sat.			
WEEKLY .	TOTAL=				WEEKLY T	TOTAL=			
	-	e day(s) you "ABSENCES		eduled to tead	ch, enter the	number of l	nours beside	the app	propriate
			-	s: (1) my class rred during th			my professi	onal ho	ur worked
	Emple	oyee's Signa	ture					Date	
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	Autho	orized Signat	ure					Date	

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DEPARTM	ENT:			_	SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirs	t EMPL ID#			
							8 DIG	ITS (require	d)
EMPLOYE	E'S NAME:	F	Please PRINT		REFEREN	CE #:	7 DIGITS (require	ed_found on	your paystub)
WEEK(S) \	WORKED:	FROM:		9/25/2022	TO:		10/8/2022	-	
	number of con additional abso Submission of	tact hours in the ences will result this form more	e session o in adjustm than one w	or emergency for semester without to your converte to your converte after the convectors.	out loss of pay; npensation.		ated		
	above may res	ult in the withho	olding of yo	ur paycheck(s).					
	V	VEEK ONE				W	EEK TWO		
Date	Day	Contact Hrs.	Prof.	ABSENCES	Date	Day	Contact Hrs.	Prof.	ABSENCES
		Taught	Hours	ABOLNOLO			Taught	Hours	ABOLITOLO
9/25/22	Sun.				10/2/22	Sun.			
9/26/22	Mon.	NO CLASSE	S		10/3/22	Mon.			
9/27/22	Tues.	NO CLASSE	S		10/4/22	Tues.	NO CLASSE	S	
9/28/22	Wed.				10/5/22	Wed.	NO CLASSE	S	
9/29/22	Thurs.			Monday schedule	10/6/22	Thurs.			
9/30/22	Fri.				10/7/22	Fri.			
10/1/22					10/8/22				
WEEKLY 1	TOTAL=				WEEKLY T	•	•		•
day under	the column	"ABSENCES	y reflects	eduled to tead s: (1) my class red during thi	sroom conta	ct hours, (2)			•
	·	oyee's Signat						Date	
APPROVA		iewed the ab		mation and a	ittest that it i	s accurate a	nd complete	Date	

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DEPARTM	ENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirs	t EMPL ID#	8 DIG	GITS (requir	red)
EMPLOYE	E'S NAME:				REFEREN	CE #:			
		-	Please PRINT	_			7 DIGITS (requir	red_found or	n your paystub)
WEEK(S)	WORKED:	FROM:		10/9/2022	TO:		10/22/2022	<u>?</u>	
Notes:	number of cor	ccused for persontact hours in the	e session o	r semester with	out loss of pay;				
		f this form more sult in the withho			nclusion of the	work period st	ated		
	1	WEEK ONE				W	EEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/9/22	Sun.				10/16/22	Sun.			
10/10/22	Mon.	COLLEGE C	LOSED		10/17/22	Mon.			
10/11/22	Tues.				10/18/22	Tues.			
10/12/22	Wed.				10/19/22	Wed.			
10/13/22	Thurs.				10/20/22	Thurs.			
10/14/22	Fri.				10/21/22	Fri.			
10/15/22	Sat.				10/22/22	Sat.			
WEEKLY '	TOTAL=				WEEKLY T	ΓΟΤΑL=			
day under	the column	e day(s) you we "ABSENCES  ove accuratel ) that may ha	y reflects	: (1) my clas	sroom conta	ct hours, (2)			
	Empl	oyee's Signat	ture					Date	
APPROVA	L: I have rev	viewed the ab	oove info	mation and a	attest that it i	s accurate a	and complete	<b>)</b> .	
	Autho	orized Signat	ure					Date	

OF THE CITY UNIVERSITY OF NEW YORK

DEPARTM	IENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirst	t EMPL ID#	9.00	GITS (require	nd)
							8 DIG	ars (require	1a)
EMPLOYE	E'S NAME:		Please PRINT		REFEREN	CE #:	7 DIGITS (require	ed found on	vour paystub)
WEEK(S)	WORKED:	FROM:		10/23/2022	TO:		11/5/2022	_	you. payetas,
Notes:	number of cor additional abs Submission of	ntact hours in the ences will resul- f this form more	e session o t in adjustn than one w	or emergency for or semester with nents to your con week after the co	out loss of pay; mpensation.		ated		
	above may res	sult in the withho	olding of yo	our paycheck(s).					
		WEEK ONE	-			W	EEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/23/22	Sun.				10/30/22	Sun.			
10/24/22	Mon.				10/31/22	Mon.			
10/25/22	Tues.				11/1/22	Tues.			
10/26/22	Wed.				11/2/22	Wed.			
10/27/22	Thurs.				11/3/22	Thurs.			
10/28/22	Fri.				11/4/22	Fri.			
10/29/22	Sat.				11/5/22	Sat.			
WEEKLY .	TOTAL=				WEEKLY 1	TOTAL=			
day under	the column	"ABSENCES	y reflects	eduled to tead s: (1) my class red during th	sroom conta	ct hours, (2)		••	·
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	Autho	orized Signat	ure					Date	

OF THE CITY UNIVERSITY OF NEW YORK

DEPARTM	IENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirst	t EMPL ID#			
							8 DIG	GITS (require	ed)
<b>EMPLOYE</b>	E'S NAME:	,			REFEREN	CE #:			
		F	Please PRINT				7 DIGITS (require	ed_found on	your paystub)
WEEK(S)	WORKED:	FROM:		11/6/2022	TO:		11/19/2022	<u> </u>	
Notes:	number of cor additional abs	ntact hours in the ences will resul	e session o t in adjustn	or emergency for semester with nents to your co	out loss of pay; mpensation.				
				veek after the co our paycheck(s).	nclusion of the	work period sta	ated		
	,	WEEK ONE				w	EEK TWO		
Date	Day	Contact Hrs.	Prof.	ABSENCES	Date	Day	Contact Hrs.	Prof.	ABSENCES
11/6/22	-	Taught	Hours		11/13/22		Taught	Hours	
				+					
11/7/22					11/14/22			<u> </u>	
11/8/22	Tues.				11/15/22	Tues.		<u> </u>	
11/9/22	Wed.				11/16/22	Wed.		<u> </u>	
11/10/22	Thurs.				11/17/22	Thurs.			
11/11/22	Fri.				11/18/22	Fri.			
11/12/22	Sat.				11/19/22	Sat.			
WEEKLY .	TOTAL=				WEEKLY	ΓΟΤΑL=			
day under	the column	"ABSENCES	y reflects	eduled to tead s: (1) my class red during th	sroom conta	ct hours, (2)			
	Empl	oyee's Signat	ure					Date	
	·	-							
APPROVA	AL: I have rev	viewed the ab	ove info	rmation and a	attest that it i	s accurate a	nd complete	1.	
	Autho	orized Signat	ure					Date	

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DEPARTM	IENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNVEire	EMPL ID#			
					CONTINS	LIVIFE ID#	8 DIG	ITS (require	d)
EMPLOYE	E'S NAME:		Please PRINT		REFEREN	CE #:	7 DIGITS (require	od found on	vour navetuh)
WEEK(S)	WORKED:	FROM:		11/20/2022	TO:		12/3/2022	_	your paystab)
Notes:	number of con additional abs Submission of	ccused for perso itact hours in the ences will resulf this form more ult in the withho	e session o t in adjustm than one w	r semester with lents to your co leek after the co	out loss of pay; mpensation. inclusion of the		ated	-	
	,	WEEK ONE				W	EEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
11/20/22	Sun.				11/27/22	Sun.	COLLEGE C	LOSED	
11/21/22	Mon.				11/28/22	Mon.			
11/22/22	Tues.				11/29/22	Tues.			
11/23/22	Wed.				11/30/22	Wed.			
11/24/22	Thurs.	COLLEGE C	LOSED		12/1/22	Thurs.			
11/25/22	Fri.	COLLEGE C	LOSED		12/2/22	Fri.			
11/26/22	Sat.	COLLEGE C	LOSED		12/3/22	Sat.			
WEEKLY .	TOTAL=				WEEKLY 7	TOTAL=			
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	Emplo	oyee's Signat	ure					Date	
APPROVA		riewed the ab		mation and a	attest that it i	s accurate a	nd complete		
	Autho	orized Signat	ure					Date	

OF THE CITY UNIVERSITY OF NEW YORK

DEPARTM	IENT:				SEMESTE	R:	FALL 2022		
COURSE:					SECTION:				
					CUNYFirs	t EMPL ID#	8 DIG	GITS (require	ed)
EMDI OVE	E'S NAME:				REFEREN	CE #:			,
	L S NAIVIL.		Please PRINT		KLI LKLI	OL #.	7 DIGITS (require	ed_found on	your paystub)
WEEK(S)	WORKED:	FROM:		12/4/2022	TO:		12/17/2022	<u>.</u>	
Notes:	number of coladditional abs	ntact hours in th sences will resul	e session o t in adjustn	or emergency for or semester without nents to your cor week after the co	out loss of pay; npensation.		atad		
				our paycheck(s).	inclusion of the	work period su	ateu		
		WEEK ONE				W	EEK TWO		
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
12/4/22	Sun.				12/11/22	Sun.		1	
12/5/22	Mon.				12/12/22			1	
12/6/22					12/13/22			1	
12/7/22					12/14/22			1	
	Thurs.				12/15/22			1	
12/9/22					12/16/22				
12/10/22	Sat.				12/17/22	Sat.			
WEEKLY .	TOTAL=	•			WEEKLY T	ΓΟΤΑL=	•		
day under	the column	"ABSENCES	s" ly reflects	eduled to tead s: (1) my class red during thi	sroom conta	ct hours, (2)		• •	•
	Empl	oyee's Signa	ture					Date	
APPROVA				rmation and a	ittest that it i	s accurate a	nd complete	).	
	Auth	orized Signat	ure	_				Date	

OF THE CITY UNIVERSITY OF NEW YORK

DEPARTM	ENT:				SEMES	TER:	FALL 2022				
COURSE:					SECTIO	N:					
					CUNYF	irst EMPL ID#					
EMPLOYE	E'S NAME:				REFERI	ENCE #:	8 DI	8 DIGITS (required)			
			Please PRIN	T			7 DIGITS (requir	red_found o	n your paystub)		
WEEK(S)	WORKED:	FROM:		12/18/2022	TO:		12/21/2022	<u>2</u>			
Notes:	number of co additional abs Submission of	ntact hours in th sences will resul of this form more	e session t in adjust than one	s or emergency for or semester with the color week after the color paycheck(s).	out loss of p npensation.		ated				
		WEEK ONE				V	VEEK TWO				
Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES	Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES		
12/18/22	Sun.					Sun.					
12/19/22	Mon.					Mon.					
12/20/22	Tues.					Tues.					
12/21/22	Wed.					Wed.					
12/22/22	Thurs.	XXXXXXXX	XXXXX	XXXXXX		Thurs.					
12/23/22	Fri.	XXXXXXXX	XXXXX	XXXXXX		Fri.					
12/24/22	Sat.	XXXXXXXX	XXXXX	XXXXXX		Sat.					
WEEKLY 1	ΓΟΤΑL=				WEEKL	Y TOTAL=					
day under	the column	"ABSENCES	s" ly reflect		sroom cor	he number of l ntact hours, (2) riod.					
	Empl	oyee's Signa	ture					Date			
APPROVA	L: I have re	viewed the al	oove info	ormation and a	attest that	it is accurate a	and complete	<del>)</del> .			
	Auth	orized Signat	ure					Date			