

TO: TEACHING ADJUNCTS
FROM: Carla Griffith – University Payroll, CUNY Central Office
SUBJECT: Fall 2022 Pay Schedule - Bronx Community College
DATE: August 15th, 2022

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

September 2 nd , 2022	October 28 th , 2022
September 16 th , 2022	November 11 th , 2022
September 30 th , 2022	November 25 th , 2022
October 14 th , 2022	December 9 th , 2022

How your pay is calculated

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

$$\text{hourly rate} \times \text{total semester hours} / 8$$

*ex. \$77.49 x 60 hours / 8 = \$581.18 (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*”

**this calculation will differ if your assignment does not cover the full 15 weeks of the semester*

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ COURSE: _____ EMPLOYEE'S NAME: _____ Please PRINT	SEMESTER: <u>FALL 2022</u> SECTION: _____ CUNYFirst EMPL ID# _____ 8 DIGITS (required) REFERENCE #: _____ 7 DIGITS (required_found on your paystub) WEEK(S) WORKED: FROM: <u>8/25/2022</u> TO: <u>8/27/2022</u>
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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	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
8/21/22	Sun.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
8/22/22	Mon.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
8/23/22	Tues.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
8/24/22	Wed.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
8/25/22	Thurs.			
8/26/22	Fri.			
8/27/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature	Date
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APPROVAL: I have reviewed the above information and attest that it is accurate and complete.

Authorized Signature	Date
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BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 8/28/2022 TO: 9/10/2022

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.

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WEEK ONE

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
8/28/22	Sun.			
8/29/22	Mon.			
8/30/22	Tues.			
8/31/22	Wed.			
9/1/22	Thurs.			
9/2/22	Fri.	NO CLASSES		
9/3/22	Sat.	NO CLASSES		
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
9/4/22	Sun.	NO CLASSES		
9/5/22	Mon.	COLLEGE CLOSED		
9/6/22	Tues.			
9/7/22	Wed.			
9/8/22	Thurs.			
9/9/22	Fri.			
9/10/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature

Date

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 9/11/2022 TO: 9/24/2022

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	ABSENCES
9/11/2022	Sun.			
9/12/2022	Mon.			
9/13/2022	Tues.			
9/14/2022	Wed.			
9/15/2022	Thurs.			
9/16/2022	Fri.			
9/17/2022	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
9/18/22	Sun.			
9/19/22	Mon.			
9/20/22	Tues.			
9/21/22	Wed.			
9/22/22	Thurs.			
9/23/22	Fri.			
9/24/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature

Date

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ COURSE: _____ EMPLOYEE'S NAME: _____ Please PRINT	SEMESTER: <u>FALL 2022</u> SECTION: _____ CUNYFirst EMPL ID# _____ 8 DIGITS (required) REFERENCE #: _____ 7 DIGITS (required_found on your paystub) WEEK(S) WORKED: FROM: <u>9/25/2022</u> TO: <u>10/8/2022</u>
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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	ABSENCES
9/25/22	Sun.			
9/26/22	Mon.	NO CLASSES		
9/27/22	Tues.	NO CLASSES		
9/28/22	Wed.			
9/29/22	Thurs.			Monday schedule
9/30/22	Fri.			
10/1/22	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/2/22	Sun.			
10/3/22	Mon.			
10/4/22	Tues.	NO CLASSES		
10/5/22	Wed.	NO CLASSES		
10/6/22	Thurs.			
10/7/22	Fri.			
10/8/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature	Date
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Authorized Signature	Date
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BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 10/9/2022 TO: 10/22/2022

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.

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WEEK ONE

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/9/22	Sun.			
10/10/22	Mon.	COLLEGE CLOSED		
10/11/22	Tues.			
10/12/22	Wed.			
10/13/22	Thurs.			
10/14/22	Fri.			
10/15/22	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/16/22	Sun.			
10/17/22	Mon.			
10/18/22	Tues.			
10/19/22	Wed.			
10/20/22	Thurs.			
10/21/22	Fri.			
10/22/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature

Date

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 10/23/2022 TO: 11/5/2022

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	ABSENCES
10/23/22	Sun.			
10/24/22	Mon.			
10/25/22	Tues.			
10/26/22	Wed.			
10/27/22	Thurs.			
10/28/22	Fri.			
10/29/22	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
10/30/22	Sun.			
10/31/22	Mon.			
11/1/22	Tues.			
11/2/22	Wed.			
11/3/22	Thurs.			
11/4/22	Fri.			
11/5/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature

Date

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 11/6/2022 TO: 11/19/2022

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.

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WEEK ONE

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
11/6/22	Sun.			
11/7/22	Mon.			
11/8/22	Tues.			
11/9/22	Wed.			
11/10/22	Thurs.			
11/11/22	Fri.			
11/12/22	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
11/13/22	Sun.			
11/14/22	Mon.			
11/15/22	Tues.			
11/16/22	Wed.			
11/17/22	Thurs.			
11/18/22	Fri.			
11/19/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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Employee's Signature

Date

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Authorized Signature

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BRONX COMMUNITY COLLEGE

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

DEPARTMENT: _____ COURSE: _____ EMPLOYEE'S NAME: _____ Please PRINT	SEMESTER: <u>FALL 2022</u> SECTION: _____ CUNYFirst EMPL ID# _____ 8 DIGITS (required) REFERENCE #: _____ 7 DIGITS (required_found on your paystub) WEEK(S) WORKED: FROM: <u>11/20/2022</u> TO: <u>12/3/2022</u>
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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	ABSENCES
11/20/22	Sun.			
11/21/22	Mon.			
11/22/22	Tues.			
11/23/22	Wed.			
11/24/22	Thurs.	COLLEGE CLOSED		
11/25/22	Fri.	COLLEGE CLOSED		
11/26/22	Sat.	COLLEGE CLOSED		
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
11/27/22	Sun.	COLLEGE CLOSED		
11/28/22	Mon.			
11/29/22	Tues.			
11/30/22	Wed.			
12/1/22	Thurs.			
12/2/22	Fri.			
12/3/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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Employee's Signature

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 12/4/2022 TO: 12/17/2022

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	ABSENCES
12/4/22	Sun.			
12/5/22	Mon.			
12/6/22	Tues.			
12/7/22	Wed.			
12/8/22	Thurs.			
12/9/22	Fri.			
12/10/22	Sat.			
WEEKLY TOTAL=				

WEEK TWO

Date	Day	Contact Hrs. Taught	Prof. Hours	ABSENCES
12/11/22	Sun.			
12/12/22	Mon.			
12/13/22	Tues.			
12/14/22	Wed.			
12/15/22	Thurs.			
12/16/22	Fri.			
12/17/22	Sat.			
WEEKLY TOTAL=				

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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

Employee's Signature

Date

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Authorized Signature

Date

BRONX COMMUNITY COLLEGE

OF THE CITY UNIVERSITY OF NEW YORK

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

DEPARTMENT: _____ SEMESTER: FALL 2022

COURSE: _____ SECTION: _____

CUNYFirst EMPL ID# _____
8 DIGITS (required)

EMPLOYEE'S NAME: _____ REFERENCE #: _____
Please PRINT *7 DIGITS (required_found on your paystub)*

WEEK(S) WORKED: FROM: 12/18/2022 TO: 12/21/2022

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	ABSENCES
12/18/22	Sun.			
12/19/22	Mon.			
12/20/22	Tues.			
12/21/22	Wed.			
12/22/22	Thurs.	XXXXXXXXXXXXXXXXXXXX		
12/23/22	Fri.	XXXXXXXXXXXXXXXXXXXX		
12/24/22	Sat.	XXXXXXXXXXXXXXXXXXXX		
WEEKLY TOTAL=				

WEEK TWO

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

if absent on any of the day(s) you were scheduled to teach, enter the number of hours beside the appropriate day under the column "ABSENCES"

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Employee's Signature

Date

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Authorized Signature

Date