

LAST NAME, FIRST NAME:
CUNYFIRST EMPL. ID:
DEPARTMENT:
MONTH AND YEAR:

N.Y.C. College of Technology Time Sheet

	IN	OUT	IN	OUT	Annual Leave	Sick Leave	Other Leave
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

LUNCH

I certify that the hours recorded above accurately reflect the hours I worked during this time period. I understand that falsification of a time sheet is cause for disciplinary action.

Employee's Signature _____

I certify that the hours recorded above accurately reflect the hours worked by the employee during this time period to the best of my knowledge. I understand that knowingly permitting a time sheet to be falsified is cause for disciplinary action.

Supervisor's Signature _____

LAST NAME, FIRST NAME:
CUNYFIRST EMPL. ID:
DEPARTMENT:
MONTH AND YEAR:

N.Y.C. College of Technology Time Sheet

	LUNCH				Annual	Sick	Other
	IN	OUT	IN	OUT	Leave	Leave	Leave
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

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Employee's Signature _____

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Supervisor's Signature _____