

NON-TEACHING ADJUNCT and CONTINUING EDUCATION TEACHERS
TIME SHEET
BROOKLYN COLLEGE
PAYROLL OFFICE

PAYROLL TITLE _____

DEPT #	EXP CODE	RATE

Payroll Period: _____

Name: _____

Soc. Sec. No: _____

Department: _____

No.	Day	Date	Time In	Meal Period	Time Out	Work Hrs	Signature
1	THURS						
2	FRI						
3	SAT						
4	SUN						
5	MON						
6	TUES						
7	WED						
WEEK SUB - TOTAL							
8	THURS						
9	FRI						
10	SAT						
11	SUN						
12	MON						
13	TUES						
14	WED						
WEEK SUB - TOTAL							
TOTAL HOURS							

I certify that the hours above have been worked. All computations are correct and there are sufficient funds in my allocation to pay this expenditure.

Prepared by _____

Extension _____

Department Chairperson/Area Head _____