Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: | **May 19 – June 1, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1							
2							
3							
4							
5							
6							
7							

Week Sub-Total

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
8							
9							
10	Tues	5/28					
11	Wed	5/29					
12	Thurs	5/30					
13	Fri	5/31					
14	Sat	6/1					

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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **June 2 – June 15, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	6/2					
2	Mon	6/3					
3	Tues	6/4					
4	Wed	6/5					
5	Thurs	6/6					
6	Fri	6/7					
7	Sat	6/8					
					Week Sub-Total		
8	Sun	6/9					
9	Mon	6/10					
10	Tues	6/11					
11	Wed	6/12					
12	Thurs	6/13					
13	Fri	6/14					
14	Sat	6/15					
					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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **June 16 – June 29, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	6/16					
2	Mon	6/17					
3	Tues	6/18					
4	Wed	6/19					
5	Thurs	6/20					
6	Fri	6/21					
7	Sat	6/22					
					Week Sub-Total		
8	Sun	6/23					
9	Mon	6/24					
10	Tues	6/25					
11	Wed	6/26					
12	Thurs	6/27					
13	Fri	6/28					
14	Sat	6/29					
					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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **June 30 – July 13, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	6/30					
2	Mon	7/1					
3	Tues	7/2					
4	Wed	7/3					
5	Thurs	7/4					
6	Fri	7/5					
7	Sat	7/6					
					Week Sub-Total		
8	Sun	7/7					
9	Mon	7/8					
10	Tues	7/9					
11	Wed	7/10					
12	Thurs	7/11					
13	Fri	7/12					
14	Sat	7/13					
					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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: | **July 14 – July 27, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	7/14					
2	Mon	7/15					
3	Tues	7/16					
4	Wed	7/17					
5	Thurs	7/18					
6	Fri	7/19					
7	Sat	7/20					

Week Sub-Total

8	Sun	7/21					
9	Mon	7/22					
10	Tues	7/23					
11	Wed	7/24					
12	Thurs	7/25					
13	Fri	7/26					
14	Sat	7/27					

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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **July 28 – August 10, 2024**

Name:	
Empl ID #:	
Department:	

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	7/28					
2	Mon	7/29					
3	Tues	7/30					
4	Wed	7/31					
5	Thurs	8/1					
6	Fri	8/2					
7	Sat	8/3					
					Week Sub-Total		
8	Sun	8/4					
9	Mon	8/5					
10	Tues	8/6					
11	Wed	8/7					
12	Thurs	8/8					
13	Fri	8/9					
14	Sat	8/10					
					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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **August 11 – August 24, 2024**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	8/11					
2	Mon	8/12					
3	Tues	8/13					
4	Wed	8/14					
5	Thurs	8/15					
6	Fri	8/16					
7	Sat	8/17					
				Week Sub-Total			
8	Sun	8/18					
9	Mon	8/19					
10	Tues	8/20					
11	Wed	8/21					
12	Thurs	8/22					
13	Fri	8/23					
14	Sat	8/24					
				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 Signature*

Summer 2024 "Deputy Chairperson"

NON-TEACHING ADJUNCT TIME SHEET
BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: _____

Budget Unit	Expense	Pay Rate
	160	$

Payroll Period: **August 25 – Sept 7, 2024**

Name: _____

Empl ID #: _____

Department: _____

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	*Employee Signature*
1	Sun	8/25					
2	Mon	8/26					
3	Tues	8/27					
4							
5							
6							
7							

Week Sub-Total _____

No.							
8							
9							
10							
11							
12							
13							
14							

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 Signature*