

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **May 18 – May 31, 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

8							
9							
10	Tues	5/27					
11	Wed	5/28					
12	Thurs	5/29					
13	Fri	5/30					
14	Sat	5/31					

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 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period:

**June 1 – June 14, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	6/1					
2	Mon	6/2					
3	Tues	6/3					
4	Wed	6/4					
5	Thurs	6/5					
6	Fri	6/6					
7	Sat	6/7					

Week Sub-Total

8	Sun	6/8					
9	Mon	6/9					
10	Tues	6/10					
11	Wed	6/11					
12	Thurs	6/12					
13	Fri	6/13					
14	Sat	6/14					

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

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **June 15 – June 28, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	6/15					
2	Mon	6/16					
3	Tues	6/17					
4	Wed	6/18					
5	Thurs	6/19					
6	Fri	6/20					
7	Sat	6/21					

Week Sub-Total

8	Sun	6/22					
9	Mon	6/23					
10	Tues	6/24					
11	Wed	6/25					
12	Thurs	6/26					
13	Fri	6/27					
14	Sat	6/28					

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

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Extension

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Department Chairperson/Area Head Signature

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **June 29 – July 12, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	6/29					
2	Mon	6/30					
3	Tues	7/1					
4	Wed	7/2					
5	Thurs	7/3					
6	Fri	7/4					
7	Sat	7/5					

Week Sub-Total

8	Sun	7/6					
9	Mon	7/7					
10	Tues	7/8					
11	Wed	7/9					
12	Thurs	7/10					
13	Fri	7/11					
14	Sat	7/12					

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.

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Prepared by

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Department Chairperson/Area Head Signature

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **July 13 – July 26, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	7/13					
2	Mon	7/14					
3	Tues	7/15					
4	Wed	7/16					
5	Thurs	7/17					
6	Fri	7/18					
7	Sat	7/19					

Week Sub-Total

8	Sun	7/20					
9	Mon	7/21					
10	Tues	7/22					
11	Wed	7/23					
12	Thurs	7/24					
13	Fri	7/25					
14	Sat	7/26					

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.

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Prepared by

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Extension

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Department Chairperson/Area Head Signature

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **July 27 – August 9, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	7/27					
2	Mon	7/28					
3	Tues	7/29					
4	Wed	7/30					
5	Thurs	7/31					
6	Fri	8/1					
7	Sat	8/2					

Week Sub-Total

8	Sun	8/3					
9	Mon	8/4					
10	Tues	8/5					
11	Wed	8/6					
12	Thurs	8/7					
13	Fri	8/8					
14	Sat	8/9					

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.

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Department Chairperson/Area Head Signature

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **August 10 – August 23, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	8/10					
2	Mon	8/11					
3	Tues	8/12					
4	Wed	8/13					
5	Thurs	8/14					
6	Fri	8/15					
7	Sat	8/16					

Week Sub-Total

8	Sun	8/17					
9	Mon	8/18					
10	Tues	8/19					
11	Wed	8/20					
12	Thurs	8/21					
13	Fri	8/22					
14	Sat	8/23					

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.

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Prepared by

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Extension

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Department Chairperson/Area Head Signature

## Summer 2025 “Deputy Chairperson”

### NON-TEACHING ADJUNCT TIME SHEET BROOKLYN COLLEGE PAYROLL OFFICE

PAYROLL TITLE: \_\_\_\_\_

Budget Unit	Expense	Pay Rate
	160	\$

Payroll Period: **August 24 – Sept 6, 2025**

Name:

Empl ID #:

Department:

No.	Day	Date	Time In	Meal Period	Time Out	Work Hours	Employee Signature
1	Sun	8/24					
2	Mon	8/25					
3							
4							
5							
6							
7							

Week Sub-Total

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.

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Extension

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Department Chairperson/Area Head Signature