

RESEARCH FOUNDATION of the CITY UNIVERSITY OF NEW YORK

30 West Broadway, New York, NY 10007

HOURLY TIME SHEET

Unless Monday is a holiday, time sheets are due (at the Foundation) the Monday following close of period.

COLLEGE	<input type="checkbox"/> Baruch	<input type="checkbox"/> Graduate	<input type="checkbox"/> LaGuardia	<input type="checkbox"/> Queens	<input type="checkbox"/> CUNY's Central Office
	<input type="checkbox"/> BMCC	<input type="checkbox"/> Hostos	<input type="checkbox"/> Lehman	<input type="checkbox"/> Law School at QC	<input type="checkbox"/> UAPC
	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Hunter	<input type="checkbox"/> LaGuardia	<input type="checkbox"/> Queensborough	<input type="checkbox"/> UAO or USS
	<input type="checkbox"/> Bronx	<input type="checkbox"/> John Jay	<input type="checkbox"/> Medgar Evers	<input type="checkbox"/> Staten Island	<input type="checkbox"/> Crosswalk TV
	<input type="checkbox"/> City	<input type="checkbox"/> Kingsborough	<input type="checkbox"/> NYC Tech	<input type="checkbox"/> York	<input type="checkbox"/> Other

Name: _____
(Print: Last Name, First Name)

RF Account Number: _____

Employee Number: _____

Period Ending: _____ / _____ / _____

Job Title: _____

Hourly Rate: _____

Please: MAIL my pay check HOLD my pay check at RF for pick-up.
If no selection is made, your check will be automatically mailed.

		NUMBER OF HOURS FOR PAYMENT										TOTAL PAID
DAY	DATE	REGULAR			Other Codes: A-ANNUAL LEAVE S-SICK LEAVE H-HOLIDAY				J-JURY DUTY M-MILITARY LEAVE U-UNSCHEDED HOLIDAY			
		REGULAR	OT	TOTAL	QUARTER	OTHER	CODE	UNSCHEDED	UNSCHEDED			
Monday	/											
Tuesday	/											
Wednesday	/											
Thursday	/											
Friday	/											
Saturday	/											
Sunday	/											
Monday	/											
Tuesday	/											
Wednesday	/											
Thursday	/											
Friday	/											
Saturday	/											
Sunday	/											
TOTAL>>>>>>												

I hereby certify the above recorded hours to be true. I submit this form as an hourly paid employee or a salaried employee claiming overtime. Hourly paid employees are not entitled to Holiday and Unscheduled Holiday pay.

Check here if this is the final time sheet.

Signature of Employee _____ Date _____

PROJECT DIRECTOR'S CERTIFICATION

I certify this time sheet to be accurate. I will make any correction for this pay period's time sheet next period.

TELEPHONE: _____

Authorized Signature/Date _____

Check Number: _____

Released To: _____ Date Released or Mailed _____
FORM RF012 revised 12/95