



John Jay College of Criminal Justice

Time Sheet for Hourly Employees
Continuing Education Teachers

Employee Name: _____ Line#: _____
Last 4 SS#: _____ CUNYF EMPLID: _____
Dept: _____ NYS Payserv N# N: _____

Special Program (If applicable): _____

<u>Date</u> <u>(MO/D/YR)</u>	<u>Hours Worked</u>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
TOTAL	

Employee's Signature

Date

Received Payroll Dept

By: _____

Date: _____

Authorized Signature

Date