

**HOURLY  
 TIME SHEET**

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

<b>COLLEGE</b>	<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.

DAY	DATE	NUMBER OF HOURS FOR PAYMENT							TOTAL PAID
		REGULAR			O-T	A	S	H	
		FROM	TO	TOTAL	OVERTIME	J-JURY DUTY	M-MILITARY LEAVE	U-UNSCHEDULED HOLIDAY	
Monday	/								
Tuesday	/								
Wednesday	/								
Thursday	/								
Friday	/								
Saturday	/								
Sunday	/								
Monday	/								
Tuesday	/								
Wednesday	/								
Thursday	/								
Friday	/								
Saturday	/								
Sunday	/								
<b>TOTAL&gt;&gt;&gt;&gt;&gt;</b>									

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.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Check here if this is the final time sheet.

**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:  
 (718) 482-5478

Authorized Signature/Date \_\_\_\_\_

Released To: \_\_\_\_\_

Check Number: \_\_\_\_\_