**CUNY** — The City University of New York

**College:** Brooklyn College

## FULL TIME NON-TEACHING INSTRUCTIONAL STAFF TIME SHEET

| NAME: | | TITLE: | |
|---|---|---|---|
| CUNYFIRST EMPL ID: | | SUPERVISOR: | |
| PHONE: | | TIMEKEEPER: | |
| DEPARTMENT: | | ASSIGNED WORK SCHEDULE: | |
| LOCATION: | | PERIOD BEGINNING: | Enter Begin Date for Timesheet in the format shown |

**Instructions:** Please see the attached detailed instructions for completing the time sheet.

The daily record of time and attendance is based on the 24-Hour Clock. Please also see the attached 24-Hour Clock conversion chart.

| Daily Record (Completed by Employee) | | | | | | Used Accrued Time (Completed By Employee) | | | | HR Use Only | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DAY and DATE | IN | LUNCH OUT | LUNCH IN | OUT | HOURS WORKED | SICK LEAVE | ANNUAL LEAVE | UH LEAVE | OTHER LEAVE | OTHER LEAVE | COMP TIME | OVER TIME |
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| **Total For The Week** | | | | | | | | | | | | |

| Daily Record (Completed by Employee) | | | | | | Used Accrued Time (Completed By Employee) | | | | HR Use Only | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DAY and DATE | IN | LUNCH OUT | LUNCH IN | OUT | HOURS WORKED | SICK LEAVE | ANNUAL LEAVE | UH LEAVE | OTHER LEAVE | OTHER LEAVE | COMP TIME | OVER TIME |
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| **Total For The Week** | | | | | | | | | | | | |
| **Total For The Period** | | | | | | | | | | | | |

**Other Leave Legend**
**CTU -** Comp Time Used
**HOL -** Holiday
**HS** - Health Screening (4 hr max per calendar year)
**JD -** Jury Duty
**Other Leave Legend (HR Use Only)**
**CCL -** Child Care Leave
**FML -** Family Medical Leave
**LWOP -** Leave Without Pay
**ML -** Military Leave
**PFL -** Paid Family Leave
**PPL -** Paid Parental Leave
**WC -** Worker's Compensation

**Employee Certification: By signing below I hereby certify that the time reported is accurate.**

**Employee Signature:** _____

**Supervisor Signature:** _____

**Timekeeper Signature:** _____

**PRIOR TO SUBMISSION TO HRS:**

**Employee:** please sign and submit to your supervisor for signature.

**Supervisor:** please review and sign.

**Timekeeper:** please sign and confirm all timesheets have signatures, then combine all timesheets in your area into one PDF file, rename as Department Name_PayPeriod, for example, HRS_PP15.

05/24/12 AY