



THE NEW YORK CITY DEPARTMENT OF EDUCATION

**Hourly Professional
Personnel Time Report**

1. A time sheet, in duplicate, must be maintained for each person assigned. Print all entries in ink.
2. Fill in all required information. Signatures must be original and in ink.
3. Keep one copy of this Time Report for Payroll Record File.

FOR PAYROLL PERIOD ENDING:

LAST NAME		FIRST	M.I.	SCHOOL NUMBER	BORO
PROGRAM NAME			DISTRICT	BUDGET CODE	OUICK CODE
HOME ADDRESS Number & Street		City	State	Zip Code	CHECK HERE IF NON-RESIDENT OF NEW YORK CITY <input type="checkbox"/>
LICENSE		FILE NUMBER	SOCIAL SECURITY NUMBER		
POSITION TITLE		POSITION SYMBOL			
OFFICIAL WORK HOURS: FROM TO			SOCIAL SECURITY ALREADY DEDUCTED ON DEPARTMENT OF EDUCATION PAYROLL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DATE	IN	OUT	SIGNATURE	Lunch/ Supper *	DATE	IN	OUT	SIGNATURE	Lunch/ Supper *
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL DAYS/HOURS WORKED				

I hereby certify that I have read and understand the Chancellor's Regulation C-175 on Per Session Employment and the summary that is listed on the reverse side of this form. In addition, I hereby certify that I have served in the program at the exact time indicated herein. I understand that any material misrepresentation of fact provided by me on this form will result in appropriate disciplinary action.

I hereby certify that I am familiar with Chancellor's Regulation C-175 regarding Per Session Employment. Additionally, the employer for whom this timesheet is being submitted has indicated his/her familiarity with the same regulation. I additionally certify that I have examined this report and find the time and other information indicated herein are correct to the best of my knowledge, information and belief. I understand that any material misrepresentation of fact provided by me on this form will result in appropriate disciplinary action.

EMPLOYEE SIGNATURE _____ DATE _____

SIGNATURE OF SUPERVISOR OR TEACHER IN CHARGE/COORDINATOR _____ DATE _____

BA/PAY (5/48 (1/02) bi d7
Item No. 25-6205.00.9 Rev 1/0/02

☐ COPY 1. WORK SITE/OFFICE

☐ COPY 2. EMPLOYEE

* One hour for Lunch/30 minutes for Supper