

THE NEW YORK CITY DEPARTMENT OF EDUCATION

Hourly Professional Personnel Time Report

Lead Baybor Bellion English																
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.														ENDING:		
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3. Keep one copy of this Time Report for Payroll Record File. LAST NAME FIRST M.I. SCHOOL NUMBER BORO														<u> </u>		
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								NON-RESIDENT NEW YORK CITY					OF			
LICENSE								LE NUMBER		SOCIAL SI	ECURIT	Y NUMBER				
POSITION TITLE								POSITION SYMBOL								
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OFFICIAL WORK HOURS: SOCIAL SECURITY ALREADY DEDUCTED ON DEPARTMENT DYES NO																
FROM TO OF EDUCATION PAYROLL?																
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o o th o	n Per f this ne exa f fact	Session Emp form. In add act time indical provided by n	loyment and t ition, I hereby ted herein. I un ne on this form	understand the Chancellor's Regulation the summary that is listed on the reverse certify that I have served in the proposed and that any material misrepress a will result in appropriate disciplinary	I hereby certify that I am familiar with Chancellor's Regulation C-175 regarding Per Session Employment. Additionally, the employee 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								

Item No. 25-6200.00.9 Rev 10/02

COPY 1. WORK SITE/OFFICE

* One hour for Lunch/30 minutes for Supper.