



## 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		QUICK 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					<b>TOTAL DAYS/HOURS WORKED</b>				

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.

EMPLOYEE SIGNATURE

DATE

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.

SIGNATURE OF SUPERVISOR OR TEACHER IN CHARGE/COORDINATOR

DATE