



# 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 NAME		M.I.		SCHOOL NUMBER		BORO	
PROGRAM NAME				DISTRICT 06		BUDGET CODE		QUICK CODE	
HOME ADDRESS		Number & Street		City		State		Zip Code	
								CHECK HERE IF NON-RESIDENT OF NYC <input type="checkbox"/>	
LICENSE				FILE NUMBER		SOCIAL SECURITY NUMBER			
POSITION TITLE				POSITION SYMBOL					
OFFICIAL WORK HOURS				SOCIAL SECURITY ALREADY DEDUCTED ON BOARD OF EDUCATION PAYROLL <input checked="" 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 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 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 the fact provided by me on this form will result in appropriate disciplinary action.

EMPLOYEE SIGNATURE

DATE

SIGNATURE OF SUPERVISOR OR TEACHER IN CHARGE

DATE