

# Office of Human Resources

## HOURLY EMPLOYEE TIMESHEET

Pay Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Status: **HOURLY** \_\_\_\_\_

Timekeeper: \_\_\_\_\_

Day	Date	AM In	Lunch		PM Out	Hours Worked	Sick Leave	Annual Leave	Other Leave
			Out	In					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total for the Week									

Day	Date	AM In	Lunch		PM Out	Hours Worked	Sick Leave	Annual Leave	Other Leave
			Out	In					
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total for the Week									
Total for the Period									

Employee Signature: \_\_\_\_\_

Timekeeper Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Submission Deadline:** *Timesheets are due based on the 'Hourly Employees Time Sheet Calendar.'*

Please Refer to the [Office of Human Resources Website](http://www.gc.cuny.edu/About-the-GC/Resource-Services/Human-Resources).

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