



OFFICE OF HUMAN RESOURCES (OHR)

1650 Bedford Avenue, Brooklyn, New York 11225

718-270-6910 (PHONE)

718-270-6909 (FAX)

CLASSIFIED STAFF TIME SHEET (excluding Buildings & Grounds and Security)

NAME (Please Print): _____

Social Security # (last 4 digits only): _____

1st Week Dates: _____

Department: _____

DAYS	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Time In							
Lunch Out							
Lunch In							
Time Out							
Total Daily Hours							

2nd Week Dates: _____

Total Hours Worked: _____

DAYS	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Time In							
Lunch Out							
Lunch In							
Time Out							
Total Daily Hours							

Total Hours Worked: _____

Bi-Weekly Total Hours: _____

EMPLOYEE'S SIGNATURE/DATE: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE/DATE: _____

A. Annual Leave
G. Jury Duty

B. Unscheduled Holiday
H. Military Leave

C. FMLA Annual Leave
I. FMLA Leave w/o Pay

D. Sick Leave
J. College Holiday

E. Bereavement Leave F. FMLA Sick Leave