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CUNY START

Continuing Education Teacher (CET) Timesheet

LAST NAME

FIRST NAME

For Pay Period: ___/___/___ to ___/___/___ Pay Date: ___/___/___

Date(s)	Number of Hours Worked	Time (Example: 6-9p.m.)	Time off
TOTAL HOURS			

Signature

Date

ON THE BASIS OF ABSENCES REPORTED TO ME, I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL LISTED FACULTY AND STAFF OF THIS DEPARTMENT WERE IN FULL ATTENDANCE IN ACCORDANCE WITH THE ACADEMIC CALENDAR, EXCEPT AS NOTED ABOVE.

CUNY START

Signature of Department Chairman/Supervisor Date Dept. Month Year

