MEDGAR EVERS COLLEGE
The City University of New York

OFFICE OF HUMAN RESOURCES (OHR)
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ADMINISTRATIVE ADJUNCT BI-WEEKLY TIMESHEET

Employee's Name: _____

Social Security (last four digits): _____ **Month:** _____

Department: _____ **Year:** _____

DATE	START TIME	END TIME	HOURS WORKED

Employee Signature/Date: _____

Department Chair/Supervisor Name/Date (Please Print): _____

Department Chair/Supervisor Signature/Date: _____

Revised 10/3/2008

* Send Original Timesheet to the **Payroll Department** via Inter-Office Mail.

Print Form

Reset Form