



Medgar Evers College  
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Adult and Continuing Education

## Continuing Education Teacher (CET) Timesheet

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

For Pay Period: ___/___/___ to ___/___/___      Pay Date: ___/___/___
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<b>COURSE CODE</b> <small>(Fill in your Course Code which appears on your Assignment Letter and Course Roster)</small>	<b>Date(s)</b>	<b>Number of Hours Worked</b>	<b>Time</b> <small>(Example: 6-9p.m.)</small>
<b>TOTAL HOURS</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATTN: Sylvie Kinloch • Phone: 718.804-8847 • Please use additional timesheets if necessary  
•No faxes will be accepted.

Date your timesheet was received in the ACE office: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**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.**

ACE

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Signature of Department Chairman/Supervisor      Date      Dept.      Month      Year