

BARUCH COLLEGE FUND

Name of Employee(PRINT)

SS# _____

Hourly rate \$ _____

Account Number _____

Account Name _____

Day	Date (mm/dd/yr)	Time In AM	Lunch Out	Time In PM	Time Out	Total Work Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Hours Worked:						
Employee Signature:						
Authorized Signature:						
Phone:						