

RETROACTIVE PAYMENT TIMESHEET

(Use this form if the timesheet is more than 4 pay periods late)
(Retroactive timesheets 4 or fewer pay periods late should be entered through e-Time)

Employee Name: _____ Project #: _____

(Print) Last First M.I.

Employee ID #: _____ Last 4 digits of SS #: _____ Job Title _____

Choose One: Salary _____ Hourly _____
Biweekly Pay Rate Hourly Rate

REASON FOR RETROACTIVITY: _____

Campus:

<input type="checkbox"/> Baruch	<input type="checkbox"/> BMCC	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Bronx	<input type="checkbox"/> City	<input type="checkbox"/> CAT	<input type="checkbox"/> CUNY Central
<input type="checkbox"/> CUNY Law	<input type="checkbox"/> Graduate	<input type="checkbox"/> Hostos	<input type="checkbox"/> Hunter	<input type="checkbox"/> John Jay	<input type="checkbox"/> Kingsborough	<input type="checkbox"/> LaGuardia
<input type="checkbox"/> Lehman	<input type="checkbox"/> Medgar Evers	<input type="checkbox"/> NYCCT	<input type="checkbox"/> Queens	<input type="checkbox"/> Queensborough	<input type="checkbox"/> Staten Island	<input type="checkbox"/> York
<input type="checkbox"/> CUNY 311	<input type="checkbox"/> UAO or USS	<input type="checkbox"/> Other (please specify) _____				

HOURS TO BE PAID						PAY PERIOD END		
DAY	DATE	REGULAR HOURS	O/T	A	S	Other Use codes ↓	OTHER HOURS	COMMENTS
Monday	/ /							
Tuesday	/ /							
Wednesday	/ /							
Thursday	/ /							
Friday	/ /							
Saturday	/ /							
Sunday	/ /							
Monday	/ /							
Tuesday	/ /							
Wednesday	/ /							
Thursday	/ /							
Friday	/ /							
Saturday	/ /							
Sunday	/ /							
		HRS					HRS	=TOTAL HOURS:

O/T=overtime, A=annual, S=sick Codes for "other hours": U=unscheduled, H=holiday, J=jury, M=Military

**For salaried employees, fill in a full day's hours for each full day worked.
Hourly employees are not entitled to Holiday pay or pay for "other hours".**

CHECK ONE: I AM ON DIRECT DEPOSIT E-FUND

I Certify that the above recorded hours are accurate _____
Employee Signature Date

PROJECT DIRECTOR'S CERTIFICATION

I Certify that this timesheet is accurate. _____
Authorized Signature Print Name Date

Telephone Number: _____ E-Mail Address: _____

RF USE ONLY:

CHECK # _____ CREATED BY _____ DATE _____