



RETROACTIVE PAYMENT TIMESHEET

(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: _____

COLLEGE:

<input type="checkbox"/> Baruch	<input type="checkbox"/> City	<input type="checkbox"/> CUNY Law	<input type="checkbox"/> John Jay	<input type="checkbox"/> Lehman	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island
<input type="checkbox"/> BMCC	<input type="checkbox"/> CUNY 311	<input type="checkbox"/> Graduate	<input type="checkbox"/> Journalism	<input type="checkbox"/> Macaulay Honors	<input type="checkbox"/> Queensborough	<input type="checkbox"/> York
<input type="checkbox"/> Bronx	<input type="checkbox"/> CUNY CAT	<input type="checkbox"/> Hostos	<input type="checkbox"/> Kingsborough	<input type="checkbox"/> Medgar Evers	<input type="checkbox"/> RFCO	
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> CUNY Central	<input type="checkbox"/> Hunter	<input type="checkbox"/> LaGuardia	<input type="checkbox"/> NYC College of Technology	<input type="checkbox"/> S&C Guttman	<input type="checkbox"/> Other _____

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."

Total Hours To Be Paid: _____		Pay Period End Date: __/__/__						
Day	Date	Regular Hours	Overtime	Annual Leave	Sick Leave (S=Self, F=Family Member)	Unscheduled Holiday	Other Hours Use codes ↓	Comments
Monday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Tuesday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Wednesday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Thursday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Friday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Saturday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Sunday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Monday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Tuesday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Wednesday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Thursday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Friday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Saturday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
Sunday	/ /				<input type="checkbox"/> S <input type="checkbox"/> F			
TOTALS:								

*CODES FOR "OTHER HOURS": H=Holiday, J=Jury, C=Court Subpoena, B=Bereavement, Q=Health Quarantine

SELECT ONE: I AM PAID BY: CHECK DIRECT DEPOSIT E-FUND

I Certify that the above recorded hours are accurate _____

Employee's 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: _____