

Due Date: Wednesday, January 7, 2009

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Wed., Jan. 7, 2009. **Paychecks will be issued on Thurs., Jan. 29, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
12/28/08	Sunday							
12/29/08	Monday							
12/30/08	Tuesday							
12/31/08	Wednesday						New Year's Eve - College Closed	
01/01/09	Thursday						New Year's Day - College Closed	
01/02/09	Friday							
01/03/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
01/04/09	Sunday							
01/05/09	Monday							
01/06/09	Tuesday							
01/07/09	Wednesday*							
01/08/09	Thursday							
01/09/09	Friday							
01/10/09	Saturday							
TOTAL BI-WEEKLY HOURS								

* Indicates due date of timesheet.

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, January 22, 2009

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thurs., Jan. 22, 2009. **Paychecks will be issued on Thurs., Feb. 12, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
01/11/09	Sunday							
01/12/09	Monday							
01/13/09	Tuesday							
01/14/09	Wednesday							
01/15/09	Thursday							
01/16/09	Friday							
01/17/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
01/18/09	Sunday							
01/19/09	Monday						Martin Luther King, Jr. Day - College Closed	
01/20/09	Tuesday							
01/21/09	Wednesday							
01/22/09	Thursday*							
01/23/09	Friday							
01/24/09	Saturday							
TOTAL BI-WEEKLY HOURS								

** Indicates due date of timesheet.*

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: **Maria Pichardo** Title: **AO Coordinator** Date: _____

Due Date: Wednesday, February 4, 2009

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Wed., Feb. 4, 2009. **Paychecks will be issued on Thurs., Feb. 26, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
01/25/09	Sunday							
01/26/09	Monday							
01/27/09	Tuesday							
01/28/09	Wednesday							
01/29/09	Thursday							
01/30/09	Friday							
01/31/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
02/01/09	Sunday							
02/02/09	Monday							
02/03/09	Tuesday							
02/04/09	Wednesday*							
02/05/09	Thursday							
02/06/09	Friday							
02/07/09	Saturday							
TOTAL BI-WEEKLY HOURS								

* Indicates due date of timesheet.

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, February 19, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thur., Feb. 19, 2009. **Paychecks will be issued on Thurs., Mar. 12, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
02/08/09	Sunday							
02/09/09	Monday							
02/10/09	Tuesday							
02/11/09	Wednesday							
02/12/09	Thursday						Lincoln's Birthday Observed - College Closed	
02/13/09	Friday							
02/14/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
02/15/09	Sunday							
02/16/09	Monday						Presidents' Day - College Closed	
02/17/09	Tuesday							
02/18/09	Wednesday							
02/19/09	Thursday*							
02/20/09	Friday							
02/21/09	Saturday							
TOTAL BI-WEEKLY HOURS								

** Indicates due date of timesheet.*

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, March 5, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thur., Mar. 5, 2009. **Paychecks will be issued on Thurs., Mar. 26, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
02/22/09	Sunday							
02/23/09	Monday							
02/24/09	Tuesday							
02/25/09	Wednesday							
02/26/09	Thursday							
02/27/09	Friday							
02/28/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
03/01/09	Sunday							
03/02/09	Monday							
03/03/09	Tuesday							
03/04/09	Wednesday							
03/05/09	Thursday*							
03/06/09	Friday							
03/07/09	Saturday							
TOTAL BI-WEEKLY HOURS								

*** Indicates due date of timesheet.**

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: **Maria Pichardo** Title: **AO Coordinator** Date: _____

Due Date: Thursday, March 19, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thur., Mar. 19, 2009. **Paychecks will be issued on Thurs., Apr. 9, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
03/08/09	Sunday							
03/09/09	Monday							
03/10/09	Tuesday							
03/11/09	Wednesday							
03/12/09	Thursday							
03/13/09	Friday							
03/14/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
03/15/09	Sunday							
03/16/09	Monday							
03/17/09	Tuesday							
03/18/09	Wednesday							
03/19/09	Thursday*							
03/20/09	Friday							
03/21/09	Saturday							
TOTAL BI-WEEKLY HOURS								

*** Indicates due date of timesheet.**

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: **Maria Pichardo** Title: **AO Coordinator** Date: _____

Due Date: Thursday, April 2, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thurs., Apr. 2, 2009. **Paychecks will be issued on Thurs., Apr. 23, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
03/22/09	Sunday							
03/23/09	Monday							
03/24/09	Tuesday							
03/25/09	Wednesday							
03/26/09	Thursday							
03/27/09	Friday							
03/28/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
03/29/09	Sunday							
03/30/09	Monday							
03/31/09	Tuesday							
04/01/09	Wednesday							
04/02/09	Thursday*							
04/03/09	Friday							
04/04/09	Saturday							
TOTAL BI-WEEKLY HOURS								

* Indicates due date of timesheet.

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, April 16, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thurs., Apr. 16, 2009. **Paychecks will be issued on Thurs., May 7, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
04/05/09	Sunday							
04/06/09	Monday							
04/07/09	Tuesday							
04/08/09	Wednesday							
04/09/09	Thursday							
04/10/09	Friday							
04/11/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
04/12/09	Sunday							
04/13/09	Monday							
04/14/09	Tuesday							
04/15/09	Wednesday							
04/16/09	Thursday*							
04/17/09	Friday							
04/18/08	Saturday							
TOTAL BI-WEEKLY HOURS								

** Indicates due date of timesheet.*

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, April 30, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thurs., Apr. 30, 2009. **Paychecks will be issued on Thurs., May 21, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
04/19/09	Sunday							
04/20/09	Monday							
04/21/09	Tuesday							
04/22/09	Wednesday							
04/23/09	Thursday							
04/24/09	Friday							
04/25/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
04/26/09	Sunday							
04/27/09	Monday							
04/28/09	Tuesday							
04/29/09	Wednesday							
04/30/09	Thursday*							
05/01/09	Friday							
05/02/09	Saturday							
TOTAL BI-WEEKLY HOURS								

*** Indicates due date of timesheet.**

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Wednesday, May 13, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Wed., May 13, 2009. **Paychecks will be issued on Thurs., June 4, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
05/03/09	Sunday							
05/04/09	Monday							
05/05/09	Tuesday							
05/06/09	Wednesday							
05/07/09	Thursday							
05/08/09	Friday							
05/09/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
05/10/09	Sunday							
05/11/09	Monday							
05/12/09	Tuesday							
05/13/09	Wednesday*							
05/14/09	Thursday*							
05/15/09	Friday							
05/16/09	Saturday							
TOTAL BI-WEEKLY HOURS								

*** Indicates due date of timesheet.**

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, May 28, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thurs., May 28, 2009. **Paychecks will be issued on Thurs., June 18, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
05/17/09	Sunday							
05/18/09	Monday							
05/19/09	Tuesday							
05/20/09	Wednesday							
05/21/09	Thursday							
05/22/09	Friday							
05/23/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
05/24/09	Sunday							
05/25/09	Monday						Memorial Day - College Closed	
05/26/09	Tuesday							
05/27/09	Wednesday							
05/28/09	Thursday*							
05/29/09	Friday							
05/30/09	Saturday							
TOTAL BI-WEEKLY HOURS								

** Indicates due date of timesheet.*

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Thursday, June 11, 2009.

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Thur., June 11, 2009. **Paychecks will be issued on Thurs., Junly 11, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
05/31/08	Sunday							
06/01/08	Monday							
06/02/08	Tuesday							
06/03/08	Wednesday							
06/04/08	Thursday							
06/05/08	Friday							
06/06/08	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
06/07/08	Sunday							
06/08/09	Monday							
06/09/09	Tuesday							
06/10/09	Wednesday							
06/11/09	Thursday*							
06/12/09	Friday							
06/13/09	Saturday							
TOTAL BI-WEEKLY HOURS								

*** Indicates due date of timesheet.**

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____

Due Date: Wednesday, June 24, 2009

Please complete **ALL** required fields below, in ink. Incomplete timesheets cannot be processed. Timesheets are due in the CAPS office **no later than** 3 pm, Wed., Jun. 24, 2009. **Paychecks will be issued on Thurs., July 16, 2009.** Be sure to place your signature for each class. **Fax timesheets to Faculty Services at 646-312-5132.**

Name of Employee: _____

Pay Rate: _____

Last 4-digits of Social Security Number: _____

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
06/14/09	Sunday							
06/15/09	Monday							
06/16/09	Tuesday							
06/17/09	Wednesday							
06/18/09	Thursday							
06/19/09	Friday							
06/20/09	Saturday							

Date	Day	Course/Section	Time In AM	Lunch Out	Time In PM	Time Out	Employee Signature	Total Hours Worked
06/21/09	Sunday							
06/22/09	Monday							
06/23/09	Tuesday							
06/24/09	Wednesday*							
06/25/09	Thursday							
06/26/09	Friday							
06/27/09	Saturday							
TOTAL BI-WEEKLY HOURS								

** Indicates due date of timesheet.*

Entries verified and approved by: Signature Of Supervisor _____

Print name of Supervisor: Maria Pichardo Title: AO Coordinator Date: _____