

THE NEW YORK CITY DEPARTMENT OF EDUCATION

PERSONNEL TIME REPORT

Last Name: _____ First Name: _____

Program: Pathways to Graduation District: 79

School Number 950 Boro: Q For Period Ending: _____

Home Address _____ Zip Code: _____ Non-Resident of NYC _____

License: _____

Position Title: _____

Official Work Hours: From _____ to _____ Social Security already deducted on Board of Education Payroll: Yes No

DATE	IN	OUT	INITIAL	LUNCH/ SUPPER	DATE	IN	OUT	INITIAL	LUNCH/ SUPPER	
1					17					
2					18					
3					19					
4					20					
5					21					
6					22					
7					23					
8					24					
9					25					
10					26					
11					27					
12					28					
13					29					
14					30					
15					31					
16					TOTAL DAYS/HOURS WORKED					

I hereby certify that I have served in this program at the exact time indicated hereon: **Please enter your file number in place of your Signature before submitting.**

I hereby certify that I have examined this report and find the time and other information indicated hereon are correct to the best of my knowledge, information and belief.

Employee File Number

Supervisor or Tchr. In Charge Coordinator

District Supt. Or Designee

1. A time sheet, in duplicate, must be maintained for each person assigned.
 2. Fill in all required information.
 3. Keep one copy of this Time Sheet for Payroll Record File.
- * One hour for Lunch/30 minutes for Supper