District 79
Alternative Schools & Programs

Pathways to Graduation
Preparing for high school equivalency and beyond

# THE NEW YORK CITY DEPARTMENT OF EDUCATION

## PERSONNEL TIME REPORT

Last Name: _____ First Name: _____ Initial: _____

Program: _____ District: _____ Budget Code: _____ Project _____

School Number _____ Boro: _____ For Period Ending: _____

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

License: _____ File Number: _____ Social Security No: _____

Position Title: _____ Position Symbol: _____

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.**

_____
Employee File Number

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.

Supervisor or Tchr. In Charge Coordinator

District Supt. Or Designee

1. A time sheet, in duplicate, must be maintained for each person assigned. Make entries in ink.
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

*Modified for D79 HR. Last revised 1/16/2018.*

Submit