

CUNY/BOROUGH OF MANHATTAN COMMUNITY COLLEGE
 THE CITY OF NEW YORK
 PAYROLL MANAGEMENT SYSTEM
EMPLOYEE TIME REPORT
 ON-LINE ENTRY

DOCUMENT NUMBER		CK DG	JOB SEQ NO.	
EMPLOYEE NAME:			PAYROLL DIST NO.	
LAST	FIRST	MI		
TIME REPORTING PERIOD		WEEK IND	PAYROLL NO	WORK UNIT
FIRST DAY	LAST DAY			

COMPLETE THIS SECTION ONLY IF AGENCY PRACTICE	DAY TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS FOR WEEK <input style="width: 50px; height: 20px;" type="text"/>
	IN TIME								
	OUT								
	TOTAL DAILY HOURS								

No Exception indicator For No Exceptions Place "X" in box	REPORT ALL EXCEPTION EVENTS BELOW
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EVENT DESCRIPTION	EVENT CODE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	AGENCY DATA
		H H M M	H H M M	H H M M	H H M M	H H M M	H H M M	H H M M	
		_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	

I CERTIFY THAT THE TIME REPORT INDICATED ABOVE REFLECTS THE ACTUAL/REPORTED HOURS _____ EMPLOYEE/PREPARER SIGNATURE DATE	APPROVED _____ SUPERVISOR SIGNATURE DATE	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS _____ KEY ENTRY OPERATOR SIGNATURE DATE
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