

# HUNTER

The City University of New York  
Office of Human Resources

## EXEMPT TIMESHEET

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Dept. \_\_\_\_\_  
 Location \_\_\_\_\_ Supervisor \_\_\_\_\_

Date	AM IN	LUNCH		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	OTHER
		OUT	IN					
Total for the week								

Date	AM IN	LUNCH		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	OTHER
		OUT	IN					
Total for the week								

Total for the Period \_\_\_\_\_

Total Number of Compensatory Time as follows: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Director/Chair \_\_\_\_\_

Dean\* \_\_\_\_\_

Vice President\* \_\_\_\_\_

For Official Use Only:

Compensatory time: \_\_\_\_\_

HR Director/Designee \_\_\_\_\_