

HUNTER

The City University of New York
Office of Human Resources

EXEMPT TIMESHEET

Name _____ Title _____
 Phone _____ Dept. _____
 Location _____ Supervisor _____

Date	AM IN	<u>LUNCH</u>		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	CTE/CTU	CTE DESCRIPTION
		OUT	IN						
Total for the week									

Date	AM IN	<u>LUNCH</u>		PM OUT	HOURS WORKED	SICK LEAVE	ANNUAL LEAVE	CTE/CTU	CTE DESCRIPTION
		OUT	IN						
Total for the week									

Total for the Period

Pay overtime as follows: Cash Compensatory Time

Employee Signature _____
 Supervisor Signature _____
 Director/Chair _____
 Dean* _____
 Vice President* _____

For Official Use Only:

_____ **HR Director/Designee**

Straight time: _____