HUNTER
The City University of New York

ADMINISTRATIVE ADJUNCT TIME SHEET

LAST NAME: _____   **FIRST NAME:** _____
(Please print)
SSN: _____

DEPARTMENT: _____   **PERIOD WKD:** _____

This Time Sheet is to be used for ADJUNCTS who are paid at 60% rate

DAY	MM/DD	~~HOURS~~ IN	OUT	TOTAL	~~HOURS~~ IN	OUT	TOTAL	TOTAL HRS
WEEK ONE								
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								
WEEK 1 TOTAL								
WEEK TWO								
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								
WEEK 2 TOTAL								

TOTAL HOURS			

COMMENTS:	

_____   _____
EMPLOYEE'S SIGNATURE   AUTHORIZED SIGNATURE

FOR OFFICE USE ONLY: