



# THE NEW YORK CITY DEPARTMENT OF EDUCATION

## Hourly Professional Personnel Time Report

1. A time sheet, in duplicate, must be maintained for each person assigned. Print all entries in ink.
2. Fill in all required information. Signatures must be original and in ink.
3. Keep one copy of this Time Report for payroll Record File.

FOR PAYROLL PERIOD ENDING

10/31/2016

LAST NAME <u>Name last</u>		FIRST NAME <u>First Name</u>		M.I.		SCHOOL NUMBER		BORO	
PROGRAM NAME <u>Per Session Case Management</u>				DISTRICT		BUDGET CODE		QUICK CODE	
HOME ADDRESS <u>My Home address.</u>				City		State		Zip Code	
LICENSE				FILE NUMBER <u>My File #</u>		SOCIAL SECURITY NUMBER			
POSITION TITLE <u>My Title.</u>				POSITION SYMBOL					
OFFICIAL WORK HOURS <u>School Hours.</u>				SOCIAL SECURITY ALREADY DEDUCTED ON BOARD OF EDUCATION PAYROLL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

DATE	IN	OUT	SIGNATURE	LUNCH/ SUPPER	DATE	IN	OUT	SIGNATURE	LUNCH/ SUPPER
	1					17			
	2					18			
10	3	4:00pm 7:00pm	X Sign.			19			
	4					20			
	5					21			
10	6	3:31 4:09	X Sign.			22			
	7					23			
	8					24			
	9					25			
	10					26			
	11					27			
	12					28			
	13					29			
	14					30			
	15					31			
	16				TOTAL DAYS/HOURS WORKED				<u>Total Hours.</u>

I hereby certify that I have read and understand the Chancellor's C-175 on Per Session Employment and the summary that is listed on the reverse side of this form. In addition, I hereby certify that I have served in the program at the exact time indicated herein. I understand that any material misrepresentation of fact provided by me on this form will result in appropriate disciplinary action.

I hereby certify that I am familiar with Chancellor's Regulation C-175 regarding Per Session Employment. Additionally, the employee for whom this timesheet is being submitted has indicated his/her familiarity with the same regulation. I additionally certify that I have examined this report and find the time and other information indicated herein are correct to the best of my knowledge, information and belief. I understand that any material misrepresentation of the fact provided by me on this form will result in appropriate disciplinary action.

My Sign  
EMPLOYEE SIGNATURE

Date  
DATE

Supervisor's Sign  
SIGNATURE OF SUPERVISOR OR TEACHER IN CHARGE

Date  
DATE

THIS SIDE OUT, 16th TO 31st

No. NAME Name

File # Month Year

	MORNING IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

X Signature

Signature

THIS SIDE OUT, 1st to 15th

No. NAME Name  
File # Month  
MONTH ENDING 20 Year

	MORN IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

X Signature (if  
Submitting only this  
25-2685.08-8 (1000PKG) 8/05  
Side)