

BROOKLYN COLLEGE PAYROLL
OFFICE

PAYROLL TITLE

DEPT #	EXP CODE	RATE

Payroll Period: _____

Name: _____

Soc. Sec. No: _____

Department: _____

No .	Day	Date	Time In	Meal Period	Time Out	Work Hrs	Signature
1	SUN						
2	MON						
3	TUES						
4	WED						
5	THURS						
6	FRI						
7	SAT						
WEEK SUB-TOTAL							
8	SUN						
9	MON						
10	TUES						
11	WED						
12	THURS						
13	FRI						
14	SAT						
WEEK SUB-TOTAL							
TOTAL HOURS							

I certify that the hours above have been worked. All computations are correct and there are sufficient funds in my allocation to pay this expenditure.

Prepared by	Extension	Department Chairperson/Area Head
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