

RETROACTIVE PAYMENT TIMESHEET

Retroactive timesheets 4 or fewer pay periods late should be entered through e-Time

Employee Name _____ **Project #** _____

Employee ID# _____ **Last 4 Digits of SS#** _____

Job Title _____ **Choose One: Salary** _____ **Hourly** _____
Biweekly Pay Rate Hourly Rate
Reason for Retroactivity _____

College

- | | | | | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|--|--|---|
| <input type="checkbox"/> ASRC | <input type="checkbox"/> City | <input type="checkbox"/> CUNY Law | <input type="checkbox"/> John Jay | <input type="checkbox"/> Lehman | <input type="checkbox"/> Queens | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Baruch | <input type="checkbox"/> CUNY 311 | <input type="checkbox"/> Graduate | <input type="checkbox"/> Journalism | <input type="checkbox"/> Macaulay Honors | <input type="checkbox"/> Queensborough | <input type="checkbox"/> York |
| <input type="checkbox"/> BMCC | <input type="checkbox"/> CUNY CAT | <input type="checkbox"/> Hostos | <input type="checkbox"/> Kingsborough | <input type="checkbox"/> Medgar Evers | <input type="checkbox"/> RFCO | <input type="checkbox"/> School of Professional Studies |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> CUNY Central | <input type="checkbox"/> Hunter | <input type="checkbox"/> LaGuardia | <input type="checkbox"/> NYC College of Technology | <input type="checkbox"/> S&C Guttman | <input type="checkbox"/> Public Health & Health Policy |
| <input type="checkbox"/> Brooklyn | | | | | | |

For salaried employees, fill in a full day's hours for each full day worked. Hourly employees are not entitled to Holiday pay or pay for "other hours."

Total Hours to be Paid _____ **Pay Period End Date** _____

Day	Date	Regular Hours	Over-Time	Annual	Sick Leave S=Self, F=Family Member	Unscheduled Holiday	Other Hours Use codes	Comments
Monday					<input type="checkbox"/> S <input type="checkbox"/> F			
Tuesday					<input type="checkbox"/> S <input type="checkbox"/> F			
Wednesday					<input type="checkbox"/> S <input type="checkbox"/> F			
Thursday					<input type="checkbox"/> S <input type="checkbox"/> F			
Friday					<input type="checkbox"/> S <input type="checkbox"/> F			
Saturday					<input type="checkbox"/> S <input type="checkbox"/> F			
Sunday					<input type="checkbox"/> S <input type="checkbox"/> F			
Monday					<input type="checkbox"/> S <input type="checkbox"/> F			
Tuesday					<input type="checkbox"/> S <input type="checkbox"/> F			
Wednesday					<input type="checkbox"/> S <input type="checkbox"/> F			
Thursday					<input type="checkbox"/> S <input type="checkbox"/> F			
Friday					<input type="checkbox"/> S <input type="checkbox"/> F			
Saturday					<input type="checkbox"/> S <input type="checkbox"/> F			
Sunday					<input type="checkbox"/> S <input type="checkbox"/> F			
Totals					<input type="checkbox"/> S <input type="checkbox"/> F			

Codes for "other hours" H=Holiday, J=Jury, C=Court Subpoena, B=Bereavement, Q=Health Quarantine

Select one, I am paid by Check Direct Deposit E-Fund

I certify that the above recorded hours are accurate _____
Employee's Signature Date
Project Director's Certification

I certify that this timesheet is accurate _____
Authorized Signature Print Name Date
Telephone # _____ **Email** _____

RF Use Only
Check # _____ **Created By** _____ **Date** _____