

RETROACTIVE PAYMENT TIMESHEET

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

Employee Name _____ Project # _____

Employee ID# _____

Job Title _____ Choose One: Salary _____ Hourly _____
Biweekly Pay Rate Hourly Rate

Reason for Retroactivity _____

College

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