n a s s a u BOCES

Board of Cooperative Educational Services of Nassau County
DEPARTMENT OF HUMAN RESOURCES

HOURLY TIME SHEET

Please complete all lines.
Type or print in black ink.

_____
Name

_____
Employee Number

_____
Location

_____
Budget Code

_____
Employee Signature   Date

_____
Administrator's Name

_____
Administrator's Signature   Date

_____
Department/Program

Submit a form for each pay period.
- Day 1 - 15 on the 16th of each month.
- Day 16-31 on the last day of each month.

Effective January 1, 2018

Both Employee & Department should keep a copy of this form for their records and send the original to the Payroll Department.

	Tempo Pool				
Pay Period (1st – 15th) Month_____ Year_____					
Date	Day of Week	Hours Fr. To	Length of lunch	Total Hrs	Name of Person Replaced
1		-			
2		-			
3		-			
4		-			
5		-			
6		-			
7		-			
8		-			
9		-			
10		-			
11		-			
12		-			
13		-			
14		-			
15		-			
Total Hours (1st – 15th)					
Pay Period (16th – 31st) Month_____ Year_____					
16		-			
17		-			
18		-			
19		-			
20		-			
21		-			
22		-			
23		-			
24		-			
25		-			
26		-			
27		-			
28		-			
29		-			
30		-			
31		-			
Total Hours (16th – 31st)					

HR 0118