

NEW YORK CITY HEALTH + HOSPITALS

TIMEKEEPINGEMPLOYEE TIME SHEET CHANGES DATA ENTRY FORM

PAGE ____ OF ____

SUBMITTED BY: _____

DATE: ____ / ____ / ____

AUTHORIZED SIGNATURE: _____

YEAR / WEEK ____ - ____ - ____ - ____ DISTRIBUTION CODE ____ - ____ - ____ - ____

EMPLOYEE ID ____ - ____ - ____ - ____

LAST NAME OF EMPLOYEE: _____ FIRST NAME: _____

ENTER THE EMPLOYEE'S TIME SHEET CHANGES:

TYPE OF ENTRY:	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD
LINE 1 TIME:														
LINE 1 CODES:														
LINE 2 TIME:														
LINE 2 CODES:														
LINE 3 TIME:														
LINE 3 CODES:														