

# NEW YORK CITY HEALTH + HOSPITALS TIME RECORD CHANGE FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

FACILITY: \_\_\_\_\_ DISTRIBUTION CODE: \_\_\_\_\_

TO CHANGE START AND END TIMES PLEASE COMPLETE THIS SECTION

NEW START TIME: \_\_\_\_\_ NEW END TIME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

DATE SUMMARY WEEK# _____	IN	OUT	TIME REPORTING CODE 1	TIME REPORTING CODE 2	REIMBURSEMENT CODE
<b>SUNDAY</b>					
<b>MONDAY</b>					
<b>TUESDAY</b>					
<b>WEDNESDAY</b>					
<b>THURSDAY</b>					
<b>FRIDAY</b>					
<b>SATURDAY</b>					

EMPLOYEE SIGNATURE \_\_\_\_\_

MANAGER OR AUTHORIZED DELEGATE SIGNATURE: \_\_\_\_\_