

NEW YORK CITY HEALTH + HOSPITALS

TIMEKEEPINGEMPLOYEE TIME SHEET CHANGES DATA ENTRY FORM

PAGE ____ OF ____ SUBMITTED BY: _____

DATE: ____/____/____ SUPERVISOR'S 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:														

PERMANENT SCHEDULE CHANGES PLEASE COMPLETE THIS SECTION:

CURRENT SCHEDULE: _____ NEW SCHEDULE: _____ EFFECTIVE DATE: _____