

**Fiorello H. LaGuardia Community College**  
**The City University of New York**

31-10 Thomson Avenue, Long Island City, NY, 11101  
 Telephone (718) 482-5075

EMPLOYEE ID: \_\_\_\_\_

**FT CLASSIFIED CIVIL SERVICE STAFF TIME AND LEAVE REPORT FORM**



TO: **DIRECTOR OF PERSONNEL** \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SUBJECT: **TIME AND LEAVE REPORT** \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PAY PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE	IN	LUNCH		OUT	SICK	ABSENCE			COMMENTS	EMPLOYEE SIGNATURE
		OUT	IN			COMP TIME	ANN-UAL			

PAY PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_


**I certify that the above report is accurate and complete**

\_\_\_\_\_  
 Supervisor/Manager Signature

**INSTRUCTIONS:** A completed report for each person is to be email to the Payroll Department on the Monday following each pay period. Employee must sign each line daily. Supervisor must verify weekly hours, date, and employee's signature. It must then be signed by the Supervisor/Manager. **Email your Time Sheet to [CivilServiceTL@lagcc.cuny.edu](mailto:CivilServiceTL@lagcc.cuny.edu) for processing**