



# LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

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

TO: **DIRECTOR OF PERSONNEL**

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

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

SUBJECT: **TIME AND LEAVE REPORT**

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

PAY PERIOD

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE	IN	LUNCH		OUT	SICK	ABSENCE		COMMENTS	EMPLOYEE SIGNATURE
		OUT	IN			COMP TIME	ANNUAL		

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 for processing.