

WAGNER COLLEGE

HUMAN RESOURCES OFFICE
 One Campus Road, Staten Island, NY 10301
 Tel. No. 718-390-3187 Fax. No. 718-420-4146

PART-TIME ADMINISTRATOR WEEKLY TIME-SHEET WEEK ENDING / /

| | |
|----------------|-------------|
| EMPLOYEE NAME: | TITLE: |
| DEPARTMENT: | SUPERVISOR: |

DUE IN PERSONNEL DEPARTMENT BY 10:00AM EACH MONDAY MORNING.

| DATE | START TIME | MEAL BREAK | END TIME | TOTAL HOURS |
|-----------------------|------------|------------|----------|-------------|
| MONDAY / / | | | | |
| TUESDAY / / | | | | |
| WEDNESDAY / / | | | | |
| THURSDAY / / | | | | |
| FRIDAY / / | | | | |
| SATURDAY / / | | | | |
| SUNDAY / / | | | | |
| WEEKLY TOTALS: | | | | |

Comments:

EMPLOYEE SIGNATURE/DATE: _____

SUPERVISOR SIGNATURE/DATE: _____

LEGEND FOR LEAVE TYPES

| | | | | |
|--------------|-----------------|--------------|---------------|---------------------------|
| S = SICK | H = HOLIDAY | P = PERSONAL | D= DISABILITY | CD = COLLEGE DISCRETION |
| V = VACATION | B = BEREAVEMENT | NP = NO PAY | J = JURY DUTY | WC = WORKERS COMPENSATION |