RESEARCH FOUNDATION of The City University of New York
230 West 41st Street, New York, New York 10036

RETROACTIVE PAYMENT TIMESHEET

(Use this form if the timesheet is more than 4 pay periods late)
(Retroactive timesheets 4 or fewer pay periods late should be entered through e-Time)

Employee Name:_____ **Project #:** _____
(Print) Last First M.I.

Employee ID #: __ __ __ __ __ __ **SS #:** __ __ __ - __ __ - __ __ __ __ **Job Title**_____

Choose One: ☐ **Bi-Weekly** _____ ☐ **Hourly** _____
Pay Rate Pay Rate

REASON FOR RETROACTIVITY:_____
_____

Campus:

☐Baruch	☐BMCC	☐Brooklyn	☐Bronx	☐City	☐Crosswalks TV	☐CUNY Central
☐Graduate	☐Hostos	☐ Hunter	☐John Jay	☐Kingsborough	☐LaGuardia	☐Law
☐Lehman	☐Medgar Evers	☐NYCCT	☐Queens	☐Queensborough	☐Staten Island	☐York
☐UAPC	☐UAO or USS	☐Other_____				

HOURS TO BE PAID **PAY PERIOD END** _____

		REGULAR HOURS					Other	OTHER HOURS	
DAY	DATE	TOTAL		O / T	A	S	Use codes ↓	TOTAL	COMMENTS
Monday	/ /								
Tuesday	/ /								
Wednesday	/ /								
Thursday	/ /								
Friday	/ /								
Saturday	/ /								
Sunday	/ /								
Monday	/ /								
Tuesday	/ /								
Wednesday	/ /								
Thursday	/ /								
Friday	/ /								
Saturday	/ /								
Sunday	/ /								
		HRS						HRS	=TOTAL HOURS:

O/T=overtime, **A**=annual, **S**=sick
Codes for "other hours": U=unscheduled, H=holiday, J=jury, M=Military

For BiWeekly employees, fill in 7 hours for each full day worked.
Hourly employees are not entitled to Holiday pay or pay for "other hours".

CHECK ONE: I AM ON ☐ **DIRECT DEPOSIT** ☐ **E-FUND**

I Certify that the above recorded hours are accurate_____
Employee Signature **Date**

PROJECT DIRECTOR'S CERTIFICATION
I Certify that this timesheet is accurate._____
Authorized Signature **Print Name** **Date**

Telephone Number:_____ **E-Mail Address:**_____

RF USE ONLY:

CHECK #_____ **CREATED BY**_____ **DATE**_____

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