CUNY/BOROUGH OF MANHATTAN COMMUNITY COLLEGE

FORM DESIGN: 8 LINES VERTICALLY, 10 PITCH HORIZONTALLY

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
EMPLOYEE TIME REPORT ON-LINE ENTRY

FISA PMS FORM ETR 2 (4 83)

DOCUMENT NUMBER	SOCIAL SECURITY NUMBER	CK DG	JOB SEQ NO
EMPLOYEE NAME LAST / FIRST / MI		PAYROLL DIST NO	
TIME REPORTING PERIOD FIRST DAY / LAST DAY	WEEK IND	PAYROLL NO	WORK UNIT

COMPLETE THIS SECTION ONLY IF AGENCY PRACTICE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME IN							
TIME OUT							
TOTAL DAILY HOURS							

TOTAL HOURS FOR WEEK

NO EXCEPTION INDICATOR FOR NO EXCEPTIONS PLACE "X" IN BOX ☐

REPORT ALL EXCEPTION EVENTS BELOW

EVENT DESCRIPTION	EVENT CODE	SUNDAY (H H M M)	MONDAY (H H M M)	TUESDAY (H H M M)	WEDNESDAY (H H M M)	THURSDAY (H H M M)	FRIDAY (H H M M)	SATURDAY (H H M M)	AGENCY DATA

I CERTIFY THAT THE TIME REPORT INDICATED ABOVE REFLECTS ACTUAL/REPORTED HOURS	APPROVED	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS
EMPLOYEE/PREPARER SIGNATURE — DATE	SUPERVISOR SIGNATURE — DATE	KEY ENTRY OPERATOR SIGNATURE — DATE