

Bi-Weekly Payroll Calendar 2018 – Spring Semester

Pay Period Begin	Pay Period End	Check Date
Monday, January 22, 2018	Sunday, February 4, 2018	Friday, February 9, 2018
Monday, February 5, 2018	Sunday, February 18, 2018	Friday, February 23, 2018
Monday, February 19, 2018	Sunday, March 4, 2018	Friday, March 9, 2018
Monday, March 5, 2018	Sunday, March 18, 2018	Friday, March 23, 2018
Monday, March 19, 2018	Sunday, April 1, 2018	Friday, April 6, 2018
Monday, April 2, 2018	Sunday, April 15, 2018	Friday, April 20, 2018
Monday, April 16, 2018	Sunday, April 29, 2018	Friday, May 4, 2018

Instructions: Enter (digitally or in ink) time in and out, and hours worked on a daily basis.

Any employee who works more than five hours must take at least a 30-minute break and exclude this time from the total hours.

Please Note:

Completion of time sheets is a legal requirement of the Fair Labor Standards Act and a negotiated contractual requirement. This form must be prepared for each hourly employee, signed by the employee, and submitted to the employee’s supervisor at the close of each two - week period, where it is signed by the supervisor. The hours must then be entered into FFE for the employee. For the payroll calendar, please go to: <http://finance.columbia.edu/content/payroll-calendar>.

Columbia University complies with the New York City Earned Sick Time Act by providing eligible faculty and staff the ability to accrue up to a maximum of 40 hours per fiscal year in paid sick time, which can be used for illness or preventative care of one's self or one's family members (defined under the Act to mean the employee's child, spouse, domestic partner, parent, sibling (including a half sibling, step sibling, or sibling related through adoption), grandchild, grandparent, or the child or parent of an employee's spouse or domestic partner).

For more information on the NYC Sick Leave, please see the New York City Earned Sick Time Act Policy in the Administrative Policy Library at <http://policylibrary.columbia.edu/new-york-city-earned-sick-time-act>.

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 01/22/18 -01/28/18

Week 2: Period Covered: 01/29/18 -02/04/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 02/05/18-02/11/18

Week 2: Period Covered: 02/12/18-02/18/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Regular Hours						
Approved Overtime Hours						

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Regular Hours						
Approved Overtime Hours						

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 02/19/18-02/25/18

Week 2: Period Covered: 02/26/18-3/4/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 3/5/18-3/11/18

Week 2: Period Covered: 3/12/18-3/18/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 3/19/18-3/25/18

Week 2: Period Covered: 3/26/18-4/01/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 4/02/18-4/08/18

Week 2: Period Covered: 4/09/18-4/15/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____

Employee Name _____

Employee UNI _____

Department/Admin Unit _____

Total Hours Worked in Period _____

Week 1: Period Covered: 4/16/18-4/22/18

Week 2: Period Covered: 4/23/18-4/29/18

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total Regular Hours	
					Approved Overtime Hours	

Employee signature: _____

Supervisor Signature and Date: _____