



## HOURLY TIMESHEET - CONTINUING EDUCATION

Name of employee: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Location: \_\_\_\_\_

Title of position: \_\_\_\_\_

Day	Date	AM				PM		Time	
		Began Work	Stopped Work	<u>Lunch</u>		Began Work	Stopped Work	Hours	Minutes
THURSDAY				From	To				
FRIDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
TOTAL									

Payroll code: \_\_\_\_\_

FTE: \_\_\_\_\_

Payroll code: \_\_\_\_\_

FTE: \_\_\_\_\_

\_\_\_\_\_  
Signature of employee

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of supervisor or administrator

Date: \_\_\_\_\_

**Mail to: Questar III Admissions Office**  
**35 Colleen Road**  
**Troy, NY 12180**

**Phone: 266-9033**  
**FAX: 266-9733**

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HR Forms