

THE CITY OF NEW YORK  
DEPARTMENT OF TRANSPORTATION  
MANAGERIAL TIMESHEET

NAME: \_\_\_\_\_

WORK UNIT: \_\_\_\_\_

CIVIL SERVICE TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Please use military format when entering hours worked\*

CHARGES TO LEAVE BALANCES

DAY	IN	OUT	# OF HOURS WORKED	EVENT CODE	USAGE	EXCEPTION EXPLANATION
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
<b>TOTAL:</b>						

I/We attest to the accuracy of all time and leave information

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_