

## **NON-TAX LEVY**

	ion-Tax	Levy Ho	urly I	ime Sheet	
NAME:			TITLE:		
PHONE:			DEPARTMENT:		
BUDGET CODE:			SSN LAST 4:		
HOURLY RATE:			SUPERVISOR:		
	АМ	LUNCH		PM	HOURS
DATE	IN	OUT	IN	OUT	WORKED
				Total For The Period	
Employee Signat	ture:			Date:	
Supervisor Signature:				Date:	
Timekeeper Sign	ature:			Date:	
NEW YORK ST	TATE LABOR LA	W COMPLIANCE			
		mployees may not wo		five (5) hours without a m	neal

REV: 3/5/2014