CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM AT CUNY

Employee Time and Activity Report

Name	
Email Address	

Date(s) Services Provided	

Time Services Provided*	

*Services should be provided outside of your regular contracted hours.

Description of Services	Total

Total Due	

Payee Signature _____ Date _____

Department/Program Name _____

Department/Program Director Name _____

Department/Program Director Signature _____ Date _____

Submit completed and signed form to the Newmark J-School Finance Office via email - foundation@journalism.cuny.edu

Finance Approval

Finance Office Signature _____ Date _____

Funder (if applicable): _____