NEW YORK CITY HEALTH + HOSPITALS TIME RECORD CHANGE FORM

				EMPLOYEE ID:		
		DISTRIBUTION CODE:				
O CHANGE START ANI	D END TIMES	PLEASE COMPLETE	THIS SECTION			
EW START TIME:		NEW END TIME	E:	EFFECTIVE DATE:		
DATE SUMMARY	IN	ОИТ	TIME REPORTING CODE 1	TIME REPORTING CODE 2	REIMBURSEMENT CODE	
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						