



University at Buffalo *The State University of New York*

STUDENT ASSISTANT APPOINTMENTS – HOURLY TIME SHEET

NAME (Please Print)			SOC. SEC. NUMBER	
(Last)	(First)	(M.I.)	PERSON NUMBER	
PAY PERIOD: FROM _____ TO _____			ACCOUNT NUMBER	
DEPARTMENT NAME/LOCATION/PHONE			HOURLY RATE	
CHANGE HOURLY RATE FROM \$ _____ TO \$ _____ FOR ACCOUNT(S) _____			TOTAL HOURS FOR PERIOD AMOUNT DUE \$	
Authorized Signature _____				

NOTE: CIRCLE A.M. OR P.M.
ENTER PARTS OF AN HOUR AS .25 FOR 1/4, .50 FOR 1/2, .75 FOR 3/4

Date	Time In	Lunch		Time Out	Hours Worked
		Out	In		
Thurs. /	a.m. p.m.			a.m. p.m.	
Fri. /	a.m. p.m.			a.m. p.m.	
Sat. /	a.m. p.m.			a.m. p.m.	
Sun. /	a.m. p.m.			a.m. p.m.	
Mon. /	a.m. p.m.			a.m. p.m.	
Tues. /	a.m. p.m.			a.m. p.m.	
Wed. /	a.m. p.m.			a.m. p.m.	
Total Hours					

Date	Time In	Lunch		Time Out	Hours Worked
		Out	In		
Thurs. /	a.m. p.m.			a.m. p.m.	
Fri. /	a.m. p.m.			a.m. p.m.	
Sat. /	a.m. p.m.			a.m. p.m.	
Sun. /	a.m. p.m.			a.m. p.m.	
Mon. /	a.m. p.m.			a.m. p.m.	
Tues. /	a.m. p.m.			a.m. p.m.	
Wed. /	a.m. p.m.			a.m. p.m.	
Total Hours					

I HAVE THOROUGHLY CHECKED THE INFORMATION AND CALCULATIONS ABOVE, AND I CERTIFY THEM TO BE CORRECT.

EMPLOYEE SIGNATURE: _____	DATE: _____
SUPERVISOR SIGNATURE: _____	DATE: _____
AUTHORIZED SIGNATURE: _____	DATE: _____

STATE PAYROLL COPY- WHITE
DEPARTMENT COPY- YELLOW
STUDENT COPY-PINK