

NO CARBON REQUIRED
PRESS HARD



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	
Permanent CHANGE HOURLY RATE FROM \$ _____ TO \$ _____ This Timesheet Only FOR ACCOUNT(S) _____			TOTAL HOURS FOR PERIOD	
Authorized Signature _____			AMOUNT DUE \$	

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: _____