COLLEGE ASSISTANT/STUDENT AIDE EMPLOYEE TIME SHEET

BROOKLYN COLLEGE PAYROLL OFFICE

|  |  |
| --- | --- |
| **TO BE COMPLETED BY SUPERVISOR** | |
| **CA SA** | **APPOINTED HOURS:** |
| **DEPT#:** | **TOTAL HOURS USED TO DATE:** |
| **RATE $** | **BALANCE HOURS:** |

PAYROLL PERIOD:

LAST NAME FIRST NAME

EMPL ID# DEPARTMENT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Day** | **Date** | **Time In** | **Meal Period** | **Time Out** | **#Hours Worked** | **Sick Hours** | **Annual Hours** | **Total** | **Shift Hours** | **Signature** |
| **1** | **SUN** |  |  |  |  |  |  |  |  |  |  |
| **2** | **MON** |  |  |  |  |  |  |  |  |  |  |
| **3** | **TUES** |  |  |  |  |  |  |  |  |  |  |
| **4** | **WED** |  |  |  |  |  |  |  |  |  |  |
| **5** | **THURS** |  |  |  |  |  |  |  |  |  |  |
| **6** | **FRI** |  |  |  |  |  |  |  |  |  |  |
| **7** | **SAT** |  |  |  |  |  |  |  |  |  |  |
| **WEEK SUB-TOTAL** | | | | | | | | | | | |
| **8** | **SUN** |  |  |  |  |  |  |  |  |  |  |
| **9** | **MON** |  |  |  |  |  |  |  |  |  |  |
| **10** | **TUES** |  |  |  |  |  |  |  |  |  |  |
| **11** | **WED** |  |  |  |  |  |  |  |  |  |  |
| **12** | **THURS** |  |  |  |  |  |  |  |  |  |  |
| **13** | **FRI** |  |  |  |  |  |  |  |  |  |  |
| **14** | **SAT** |  |  |  |  |  |  |  |  |  |  |
| **WEEK SUB-TOTAL** | | | | | |  |  |  |  |  |  |
| **TOTAL HOURS** | | | | | |  |  |  |  |  |  |

I certify that the hours above have been worked. Sick and/or annual leave hours have to be taken as indicated.

All computations are correct and there are sufficient funds in my allocation to pay this expenditure.

Prepared by Department’s Extension Chairperson/Authorized Representative