

College Work Study Time Sheet

Please print. Confirm hours. Sign and date time sheet. Submit to Payroll 4th Floor Allen Bldg.
Incomplete time sheets will be returned and pay will be delayed.

Please fill out in ink

Name: _____ **SS#:** _____ last 4 digits only
Department: _____ **Account #:** _____
Pay Period Starts: _____ **Ends:** _____ **Pay Rate:** _____

Week 1		THU	FRI	SAT	SUN	MON	TUE	WED		
Date:										
Morn.	In									
	Out									
Aft.	In									
	Out									
Eve.	In									
	Out									
Daily Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	This column for Payroll use only

Week 2		THU	FRI	SAT	SUN	MON	TUE	WED		
Date:										
Morn.	In									
	Out									
Aft.	In									
	Out									
Eve.	In									
	Out									
Daily Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	This column for Payroll use only

I hereby certify that this time sheet is a true statement of performance and hours worked; that the work was performed in a satisfactory manner and was not performed during scheduled classes. I am currently a registered student. I will use any Work Study Funds solely for expenses related to attendance at SUNY Brockport.

Total both weeks	Total both weeks
0	0

Student's signature _____ date _____

Supervisor's signature _____ date _____

STUDENTS MUST COMPLETE AN AUTHORIZATION PRIOR TO BEGINNING WORK. IF THE STUDENT HAS NOT COMPLETED AN AUTHORIZATION, DO NOT SUBMIT TIME SHEETS.