

**COLLEGE ASSISTANT/STUDENT AIDE
EMPLOYEE TIME SHEET
BROOKLYN COLLEGE
PAYROLL OFFICE**

TO BE COMPLETED BY SUPERVISOR		
CA <input type="checkbox"/>	SA <input type="checkbox"/>	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											
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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 _____