

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

| <b>TO BE COMPLETED BY SUPERVISOR</b> |                             |                                  |
|--------------------------------------|-----------------------------|----------------------------------|
| CA <input type="checkbox"/>          | SA <input type="checkbox"/> | <b>APPOINTED HOURS:</b>          |
| <b>DEPT#:</b>                        |                             | <b>TOTAL HOURS USED TO DATE:</b> |
| <b>RATE \$</b>                       |                             | <b>BALANCE HOURS:</b>            |

**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**

|                    |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| <b>TOTAL HOURS</b> |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|

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