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: 3: 03/22 - 04/04

LAST NAME Evans **FIRST NAME** Shawn

EMPL ID# _____ **DEPARTMENT** _____

No.	Day	Date	Time In	Meal Period	Time Out	#Hours Worked	Sick Hours	Annual Hours	Total	Shift Hours	Signature
1	SUN	03/22									
2	MON	03/23									
3	TUES	03/24									
4	WED	03/25									
5	THURS	03/26									
6	FRI	03/27									
7	SAT	03/28									
WEEK SUB-TOTAL											
8	SUN	03/29									
9	MON	03/30									
10	TUES	03/31									
11	WED	04/01									
12	THURS	04/02									
13	FRI	04/03									
14	SAT	04/04									
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**