

**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 | | | | | | | | | | | |

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 _____