

**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 _____

SOC. SEC. NO. _____ 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 _____