### Buffalo State College
College Work Study Time Sheet

**Employee's Name:**

**Pay Period:** From:__/__/____ To:__/__/____

**Department:**

**Account #:**

**Hourly Rate:**

---

**Day** | **Date** | **In** | **Out** | **In** | **Out** | **In** | **Out** | **Total**
--- | --- | --- | --- | --- | --- | --- | --- | ---
Thurs. |  |  |  |  |  |  |  |  
Fri. |  |  |  |  |  |  |  |  
Sat. |  |  |  |  |  |  |  |  
Sun. |  |  |  |  |  |  |  |  
Mon. |  |  |  |  |  |  |  |  
Tues. |  |  |  |  |  |  |  |  
Wed. |  |  |  |  |  |  |  |  

**Total Hours Worked**

---

I hereby certify that this record accurately records my presence and all absences.

**Employee's Signature:**

**Date:**

I certify that I have reviewed and approved this record.

**Supervisor's Signature:**

**Date:**

NEW YORK STATE LABOR LAW REQUIRES A MEAL BREAK OF AT LEAST ONE-HALF HOUR AFTER EACH SIX CONSECUTIVE HOURS OF WORK.

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