

Buffalo State
Student Assistant and College Work Study Payroll Timesheet
Authorization Form

Date: _____

Department: _____

Account: _____

The following signatures are authorized to approve Student Assistant (SA) and College Work Study (CWS) student employee timesheets for the above named department. If your department has multiple accounts complete a separate form for each account.

Signature of Department Head:
(Print/Type name underneath)

Title:

Authorized Signatures:
(Print or Type name underneath)

Title:

Authorized for:
SA CWS

1. _____

2. _____

3. _____

Please forward completed form to the Payroll Office, Cleveland Hall 408.