Duffela Ctata Callaga

				State sistant		_	S	4
Employee	e's Name:							
Pay Perio	od :	From:	/	/	Го:			
Departme	ent:							
Account a	#							
Hourly Ra	ate:							
TIME SHE	ET MUST E	BE COMPL	ETED IN	BLUE OR	BLACK IN	K. TIME \	WORKED I	MUST BE
S	HOWN AS	THE NEAF	REST QUA	RTER HO	UR UNIT:	E.G. 8:15,	9:45, ETC	
Day	Date	In	Out	In	Out	In	Out	Total
Thurs.								
Fri.								
Sat.								
Sun.		·	·					
								•

Mon. Tues. Wed.

Thurs. Fri.

out.								
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. I have ensured delivery by a non-student employee.	
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.

Buffalo State College

Student Assistant Time Sheet

Employee's Name:

Pay Period :		From:	/	/	Го:			
Department:								
Account #								
Hourly Rate:								
_	TIME SHEET MUST BE COMPLETED IN BLUE OR BLACK INK. TIME WORKED MUST BE SHOWN AS THE NEAREST QUARTER HOUR UNIT: E.G. 8:15, 9:45, ETC.							
Day	Date	In	Out	In	Out	ln	Out	Total
Thurs.								
Fri.								
Sat.								
Sun.								
Mon.								
Tues.								
Wed.								
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	e						Date:	
I certify that I have reviewed and approved this record.								
I have ensured delivery by a non-student employee.								
Supervis	or's							
Signature			Da				Date:	_
NEW YORK STATE LABOR LAW REQUIRES A MEAL BREAK								

OF AT LEAST ONE-HALF HOUR AFTER EACH SIX CONSECUTIVE HOURS OF WORK.