

Buffalo State College CWS
College Work Study Time Sheet

Employee's Name: _____
 Pay Period : From: ___/___/___ To: ___/___/___
 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	In	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 _____ 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.**

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