

**COLLEGE ASSISTANT/STUDENT AIDE
EMPLOYEE TIME SHEET
BROOKLYN COLLEGE
PAYROLL OFFICE**

TO BE COMPLETED BY SUPERVISOR	
CA SA	APPOINTED HOURS:
DEPT#:	TOTAL HOURS USED TO DATE:
RATE \$	BALANCE HOURS:

PAYROLL PERIOD: -----

NAME: LAST-----

FIRST-----

SOC. SEC. NO. -----

DEPARTMENT-----

No.	Day	Date	Time In	Meal Period	Time Out	#Hours Worked	Sick Hours	Annual Hours	Total	Shift Hours	Signature
1	THURS										
2	FRI										
3	SAT										
4	SUN										
5	MON										
6	TUES										
7	WED										
WEEKLY SUB-TOTAL:											
8	THURS										
9	FRI										
10	SAT										
11	SUN										
12	MON										
13	TUES										
14	WED										
WEEKLY 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 _____