

STATE UNIVERSITY OF NEW YORK AT OSWEGO
STUDENT ASSISTANT TEMPORARY SERVICE TIME SHEET

INSTRUCTIONS: Time sheet must be completed in ink and signed by the employee and supervisor. Incomplete time sheets will be returned delaying payment until the following pay date.

Time sheets must be submitted to the Payroll Office, Room 409, Culkin Hall **no later than 4:00p.m. on the Friday following the end of each biweekly payroll period.** Late submissions will delay payment until the following pay date.

Biweekly Time Record for the Period:

Beginning **Thursday** _____ and Ending **Wednesday** _____

Function # _____

SOC. SEC. NUMBER	PLEASE PRINT FULL NAME (No Nicknames or Abbreviated Versions)			HOURLY RATE
	(FIRST)	(M.I.)	(LAST)	

DAYS OF PAYROLL PERIOD

	THURS		FRI		SAT		SUN		MON		TUES		WED	
DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1st Week														
Daily Totals														

	THURS		FRI		SAT		SUN		MON		TUES		WED	
DATE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
2nd Week														
Daily Totals														

TOTAL HOURS WORKED _____

I certify that this is an accurate record of actual hours worked.

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____