

**STATE UNIVERSITY OF NEW YORK  
PURCHASE COLLEGE  
STUDENT ASSISTANT TIME SHEET**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Supv Phone Ext: \_\_\_\_\_

SUNY ID #: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Pay Period From: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ Account #: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYEE**

| DATES  |       | TIMES IN AND OUT |    |     |    |     |    | HOURS |  |
|--|-------|------------------|----|-----|----|-----|----|-------|--|
|  | Month | Day              | In | Out | In | Out | In | Out   |  |
| THUR   |       |                  |    |     |    |     |    |       |  |
| FRI  |       |                  |    |     |    |     |    |       |  |
| SAT  |       |                  |    |     |    |     |    |       |  |
| SUN  |       |                  |    |     |    |     |    |       |  |
| MON  |       |                  |    |     |    |     |    |       |  |
| TUE  |       |                  |    |     |    |     |    |       |  |
| WED  |       |                  |    |     |    |     |    |       |  |
| TOTALS: CARRY WEEK 1 TOTALS TO THIS LINE →         |       |                  |    |     |    |     |    |       |  |
| THUR   |       |                  |    |     |    |     |    |       |  |
| FRI  |       |                  |    |     |    |     |    |       |  |
| SAT  |       |                  |    |     |    |     |    |       |  |
| SUN  |       |                  |    |     |    |     |    |       |  |
| MON  |       |                  |    |     |    |     |    |       |  |
| TUE  |       |                  |    |     |    |     |    |       |  |
| WED  |       |                  |    |     |    |     |    |       |  |
| TOTALS: CARRY WEEK 2 TOTALS TO THIS LINE →         |       |                  |    |     |    |     |    |       |  |
| GRAND TOTAL: CARRY BI-WEEKLY TOTALS TO THIS LINE → |       |                  |    |     |    |     |    |       |  |

**THIS SECTION TO BE COMPLETED BY THE DEPARTMENT**

| ENCUMBRANCE SUMMARY                          |  |
|--|--|
| A. Original Amount Encumbered for Employee   |  |
| B. Amount Paid Employee to Date              |  |
| C. Encumbrance Balance (Subtract A-B)        |  |
| D. Total Paid Employee This Period           |  |
| E. Ending Encumbrance Balance (Subtract C-D) |  |

*PLEASE SUBMIT A NEW REQUEST FOR TEMP SERVICE FORM TO THE BUDGET OFFICE  
IF YOU PLAN TO RETAIN EMPLOYEE WHOSE ENCUMBRANCE BALANCE IS NEAR ZERO*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**EMPLOYEE SIGNATURE**                                      **DATE**                      **SUPERVISOR SIGNATURE**                                      **DATE**

ORIGINAL: Payroll  
 CC:            Supervisor

**ATTENTION:** Employee and Supervisor - By signing this timesheet, I certify that this is a true and accurate record of the days and hours worked.