Submittal form for ONLY: Student Assistant Timesheets

Print Department Name:		Account Number (s):
T. J. / D.J.		
Today's Date:	Payroll Nun	nber:
	Payment Da	ate:

Student Assistants on NYS Payroll ONLY:

Email this form to beth.goula@purchase.edu

Print First Name	Print Last Name	Hrs. Worked

Supervisor's Signature