STATE UNIVERSITY OF NEW YORK
PURCHASE COLLEGE
STUDENT TIME SHEET

Name:_____**Department:**_____**Supv Phone Ext:**_____

Social Security #:_____ **Pay Rate: $**_____

SS# Required

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

Your signature is an affirmation of accuracy