



**State University of New York
Upstate Medical University**

STUDENT BI-WEEKLY TIMESHEET

*Please complete the non-shaded areas on this form on a daily basis for each pay period
Please follow all instructions on this form*

Please check one: <input type="checkbox"/> Student Asst or <input type="checkbox"/> SU College Wk Study	If SU College Work Study, please indicate SU I.D. # _____
Regular Schedule/Shift: TH F S SU M T W	AND TIME: _____ TO _____
Employee Name	Department:
Employee ID #:	Position Title:
PAYROLL PERIOD COVERED (please enter the begin and end dates):	FROM: _____ TO: _____

Purpose: To provide a form that Student Assistant Employee's can report their work hours to Payroll Services

Instructions:

- Step 1.** Only record **ACTUAL Time Worked** for each day and please report time increments of <1 hr of time in 15 minute increments and are absolute values (without a – or + value).
- Step 2.** Please note that the workday is determined as the date in which the majority of the hours are worked. All dates must agree with current Payroll Calendars that apply. **See backside of this sheet for current year pay period calendar.**
- Step 3.** At the end of each Bi-weekly payroll period, this timesheet must be signed by the employee and the supervisor (by the "X") in the authorization section below and forward to the **Payroll Services Department at Jacobsen Hall Room 100 no later than the Friday subsequent to the payroll period end date.**

All time records will be audited by Payroll Services for propriety

If you have any questions regarding timekeeping, please contact Payroll Services Dept. at 464 – 4840 or via email at – StatePR@upstate.edu **THANK YOU!**

DATE	THU DATE		FRI DATE		SAT DATE		SUN DATE		MON DATE __/__/__		TUE DATE		WED DATE		TOTAL HOURS
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
WEEK 1															
ACTUAL A.M. IN/OUT WORK TIME / HOURS															
ACTUAL P.M. IN/OUT WORK TIME / HOURS															
*TOTAL DAILY HOURS															
OT HOURS WORKED <small>To be determined by PR Services Audit</small>															

Comments: _____

DATE	THU DATE		FRI DATE		SAT DATE		SUN DATE		MON DATE __/__/__		TUE DATE		WED DATE		TOTAL HOURS
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
WEEK 2															
ACTUAL A.M. IN/OUT WORK TIME / HOURS															
ACTUAL P.M. IN/OUT WORK TIME / HOURS															
*TOTAL DAILY HOURS															
OT HOURS WORKED <small>To be determined by PR Services Audit</small>															

Comments: _____ TOTAL Pay Period Hours

➔ This time sheet is an Official State record. Alteration, falsification or failure to follow instructions may be grounds for disciplinary action ←

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE ACTUAL HOURS WORKD BY THE STUDENT LISTED ABOVE. FURTHERMORE, THE STUDENT LISTED HAS PERFORMED HIS/HER JOB IN A SATISFACTORY MANNER.	
X	X
Employee Signature	Supervisor Signature
Employee Name (please print):	Supervisor Name (please print):