

**Buffalo State**  
**Student Assistant and College Work Study Payroll Timesheet**  
**Authorization Form**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Account: \_\_\_\_\_

The following signatures are authorized to approve Student Assistant (SA) and College Work Study (CWS) student employee timesheets for the above named department. If your department has multiple accounts complete a separate form for each account.

Signature of Department Head:  
(Print/Type name underneath)

Title:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Authorized Signatures:  
(Print or Type name underneath)

Title:

Authorized for:  
SA      CWS

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Please forward completed form to the Payroll Office, Cleveland Hall 408.