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: _____ Student Asst or _____ 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
WEEK 1	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
ACTUAL A.M. IN/OUT WORK TIME / HOURS															
ACTUAL P.M. IN/OUT WORK TIME / HOURS															
*TOTAL DAILY HOURS															
OT HOURS WORKED To be determined by PR Services Audit															
Comments:															

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