



University at Buffalo *The State University of New York*

STATE APPOINTMENTS – HOURLY TIME SHEET AND WAGE PAYROLL VOUCHER

NAME (Please Print)			SOC. SEC. NUMBER		
(Last)	(First)	(M.I.)	ACCOUNT NUMBER		
PAY PERIOD: FROM		TO	, 20		
DEPARTMENT NAME/LOCATION/PHONE			HOURLY RATE \$		
			TOTAL HOURS FOR PERIOD		
			AMOUNT DUE \$		

NOTE: CIRCLE A.M. OR P.M.
ENTER PARTS OF AN HOUR AS .25 FOR 1/4, .50 FOR 1/2, .75 FOR 3/4

Date	Time In	Lunch		Time Out	Hours Worked
		Out	In		
Thurs.	a.m. p.m.			a.m. p.m.	
/					
Fri.	a.m. p.m.			a.m. p.m.	
/					
Sat.	a.m. p.m.			a.m. p.m.	
/					
Sun.	a.m. p.m.			a.m. p.m.	
/					
Mon.	a.m. p.m.			a.m. p.m.	
/					
Tues.	a.m. p.m.			a.m. p.m.	
/					
Wed.	a.m. p.m.			a.m. p.m.	
/					
Total Hours					

Date	Time In	Lunch		Time Out	Hours Worked
		Out	In		
Thurs.	a.m. p.m.			a.m. p.m.	
/					
Fri.	a.m. p.m.			a.m. p.m.	
/					
Sat.	a.m. p.m.			a.m. p.m.	
/					
Sun.	a.m. p.m.			a.m. p.m.	
/					
Mon.	a.m. p.m.			a.m. p.m.	
/					
Tues.	a.m. p.m.			a.m. p.m.	
/					
Wed.	a.m. p.m.			a.m. p.m.	
/					
Total Hours					

I HAVE THOROUGHLY CHECKED THE INFORMATION AND CALCULATIONS ABOVE, AND I CERTIFY THEM TO BE CORRECT.

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
AUTHORIZED SIGNATURE:	DATE: