

SUNY POLYTECHNIC INSTITUTE

100 Seymour Rd, Utica, NY 13502-1311

DAILY TIME RECORD

NAME _____ PERIOD ENDING _____

LAST FOUR DIGITS OF SOCIAL SECURITY # _____

- Students must complete an authorization prior to beginning work and are limited to 20 hours per week (Thursday-Wednesday) when classes are in session.
- A break of at least **30 minutes** must be shown when working over six consecutive hours.
- All entries must be in ink. Complete all portions of this time sheet before submitting it to the Business Office. Incomplete time sheets could delay payment.
- Supervisors are responsible for checking time sheets for accuracy.

Day	Date	Start Time	End Time	Start Time	End Time	Total Hrs.
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						

Account Number _____

Total Hours Worked _____

I certify that this is an accurate statement of my hours worked.

Employee's Signature _____ Date _____

I certify that the above hours have been worked and that the work was performed satisfactorily.

Supervisor's Signature _____ Date _____