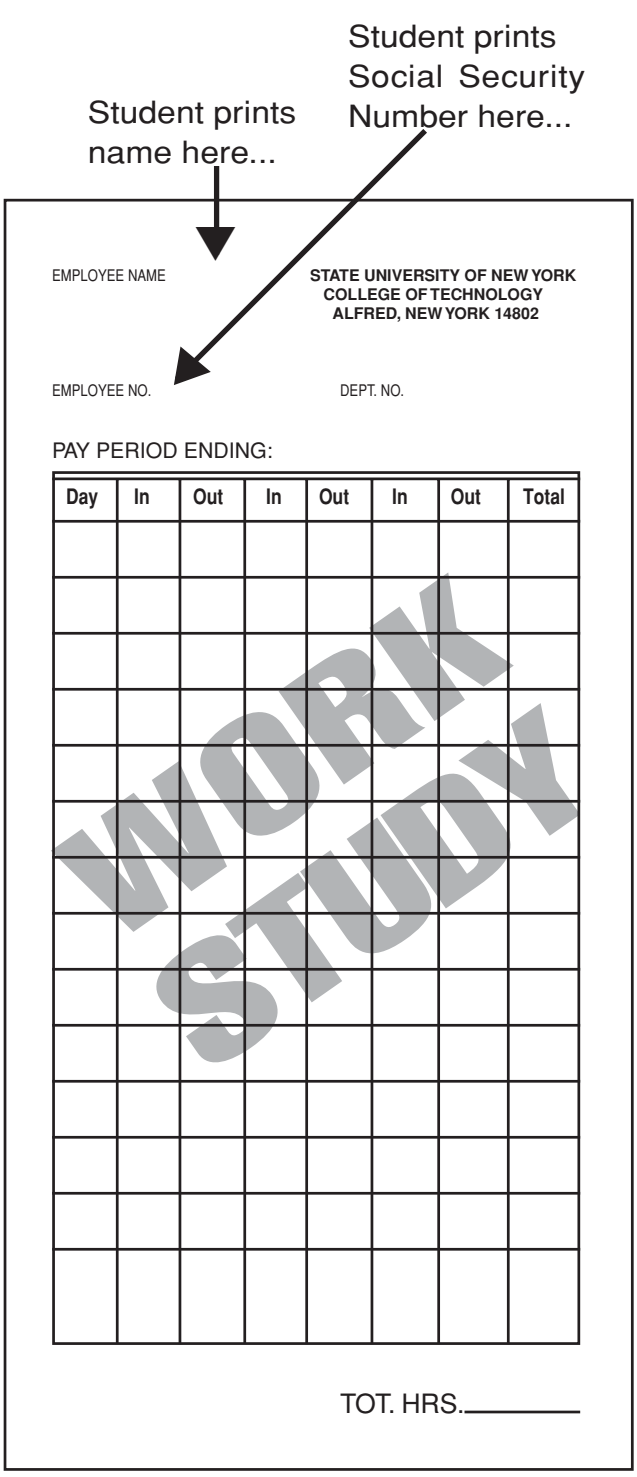
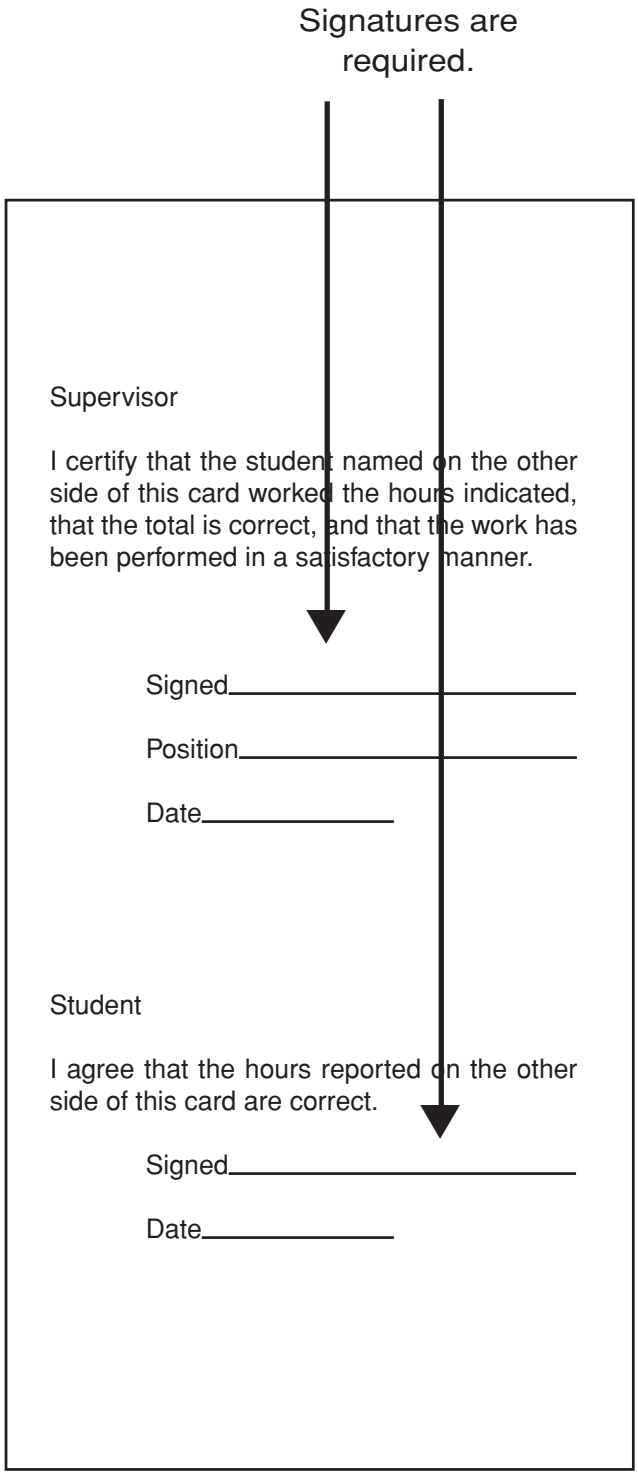

Student prints name here...
Student prints Social Security Number here...
EMPLOYEE NAME
STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY
ALFRED, NEW YORK 14802
EMPLOYEE NO.
DEPT. NO.
PAY PERIOD ENDING:
Day
In
Out
In
Out
In
Out
Total
WORK STUDY
TOT. HRS._____

FRONT


Signatures are required.
Supervisor
I certify that the student named on the other side of this card worked the hours indicated, that the total is correct, and that the work has been performed in a satisfactory manner.
Signed_____
Position_____
Date_____
Student
I agree that the hours reported on the other side of this card are correct.
Signed_____
Date_____

BACK