

NAME OF EMPLOYEE _____
COYOTE ID _____ RATE OF PAY _____

MONTH OF TIMESHEET

STUDENT JOB TITLE

DEPARTMENT

Current Unit Enrollment

CLASS SCHEDULE

Days _____
 Times _____
 Days _____
 Times _____

I certify that I have worked the number of hours listed and am currently enrolled in the number of units indicated above. I have not worked in excess of 20 hours per week.

Student's Signature **Date**

I certify that I have personal knowledge of the correctness of the hours reported above that the work was performed in a satisfactory manner. I also certify hours worked were not in conflict with the class schedule shown above.

Supervisor's Signature **Date**

Supervisor's Printed Name

Program Administrator's Signature **Date**

Program Administrator's Printed Name

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
WEEKLY TOTAL								

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
WEEKLY TOTAL								

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THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
WEEKLY TOTAL								

MONTHLY HOURLY TOTAL

MONTHLY TOTAL PAY