

MONTHLY STUDENT TIME SHEET

Return to: 5500 University Parkway UH 150

San Bernardino, CA 92407 Tel: (909) 537-5226

Fax: (909) 537-7024

MONTH & YEAR OF TIMESHEET	NAME OF EM	IPLOYEE								
	co	COYOTE ID RAT						ATE OF PAY		
STUDENT JOB TITLE										
			l	I	T	1	I		r	
		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
DEPARTMENT Current Unit Enrollment	MONDAY									
	TUESDAY WEDNESDAY									
	-									
	THURSDAY FRIDAY									
Class Schedule	SATURDAY									
<u>olado delledalle</u>	SATURDAT					WEEK	LY TOTAL		<u> </u>	
Please attach a print out of your		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
current class schedule	MONDAY	DATE	THVIL HV	THVIL OUT	HOOKO	THVIL HV	TIME COT	HOOKO	10171	
Step 1: Please visit your MyCoyote	TUESDAY									
Step 2: Select "Student Center"	WEDNESDAY									
Step 3: Select "View Full Site"	THURSDAY									
Step 4: Select "Weekly schedule"	FRIDAY									
Step 5: Print and attach copy to time sheet	SATURDAY									
				<u>I</u>	1	WEEK	LY TOTAL			
I certify that I have worked the number of		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
hours listed and am currently enrolled in the	MONDAY									
number of units indicated above. I have not	TUESDAY									
worked in excess of 20 hours per week.	WEDNESDAY									
	THURSDAY									
	FRIDAY									
Student's Signature Date	SATURDAY									
Student's Signature Date		WEEKLY TOTAL								
		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
	MONDAY									
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 attached class schedule.	TUESDAY									
	WEDNESDAY									
	THURSDAY									
	FRIDAY									
	SATURDAY					WEEK	LY TOTAL			
		DATE	TIME IN	TIME OUT	HOUDO			HOURS	TOTAL	
Supervisor's Signature Date	MONDAY	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
	TUESDAY									
	WEDNESDAY		-		-		 			
Supervisor's Printed Name Date	THURSDAY						 			
	FRIDAY									
	SATURDAY									
Program Administrator's Signature Date	2	<u> </u>		I.		WEEK	LY TOTAL			

Program Administrator's Printed Name

MONTHLY HOURLY TOTAL