California State University, San Bernardino

Student Assistant Monthly Time Sheet
COMPLETE FORM IN INK OR BY TYPE

_____

Student Job Title

_____

Employer/Department

Current Unit Enrollment

Class Schedule

Days   Time   Days   Time

_____ _____ _____ _____

_____ _____ _____ _____

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 when classes were in session nor over 40 hours per week during vacation periods.

_____
Student Signature   Date

I certify that I have personal knowledge of the correctness of the hours reported above and that the work was performed in a satisfactory manner.

_____
Supervisor's Signature Date

_____
School Dean/   Date
Department Head
Signature

Student ID Number #	Employee Name		
Agency	Reporting Unit	Class 1870	Serial #
Hourly Rate of Pay	Total Time (Hours)	Total Pay	Pay Period (Month/Year)

Month	Time In	Time Out	Hours	Time In	Time Out	Hours	Total Daily Hours
Example	10	12	2	2	4.5	2.5	4.5
1							
2							
3							
4							
5							
6							
7							
8							
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24							
25							
26							
27							
28							
29							
30							
31							
						Total Hours	