

(FWS) STUDENT ASSISTANT TIME SHEET

READ INSTRUCTIONS ON REVERSE SIDE OF FORM and PLEASE PRINT.

Student Assistants may work no more than 8 hours per day, and no more than 20 hours per week.

NAME _____
Last First Middle

FOR PERIOD _____ /16/ _____ to _____ /15/ _____
Month Year Month Year

DIVISION/
 AREA _____

ACCT # _____
Fund Org Acct Program

W# _____

CWWSA
 ACCT # _____
Fund Org Acct Program

DATE	DAY OF WEEK	IN	OUT	IN	OUT	IN	OUT	# of HOURS WORKED	# of SICK HOURS
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Reviewed by Fin Aid		Suffix Code		TOTAL HOURS					
				RATE					

I certify that this is a true statement of hours worked by me; further, that I am currently enrolled in _____ units.

[Note: Enrollment of six (6) or more semester units is required.]

 Student's Signature

 Date

I hereby certify that this is a true statement of hours worked by this student, and that this student has performed his/her assigned job in a satisfactory manner.

 Supervisor's Signature

 Date

 Dept. Administrator's Signature

 Date