

(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

SSN/W# _____

CWWS 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