

(SA) STUDENT ASSISTANT TIME SHEET

READ INSTRUCTIONS ON BUSINESS SERVICES FORMS PAGE 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# _____
Do not use SSN

_____ %
 Fund Org Acct Program

| Date | Day of Week | # of hours worked or reason for absence |
|------|-------------|---|
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |
| 29 | | |
| 30 | | |
| 31 | | |

| Date | Day of Week | # of hours worked or reason for absence |
|---------------------|-------------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| TOTAL HOURS: | | |

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 of students employed under federally funded college work-study (FWS) programs. (Use other timesheet for FWS.) Enrollment in at least one (1) class is required for employment paid by college funds.]

 Signature of Student

 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.

 Signature of Supervisor/Administrator

 Date

PLEASE PRINT SUPERVISOR/ADMINISTRATOR'S NAME: _____