

# STUDENT ASSISTANT TIME SHEET

If appropriate, mark box:  Federal Work Study (FWS)  CalWORKS

Instructions on District Business Services Web page FORMS-PAYROLL Please Print when completed.  
Student Assistants may work no more than 20 hours per week [in all combined areas of the college].

Name: \_\_\_\_\_ /16/ \_\_\_\_\_ to \_\_\_\_\_ /15/ \_\_\_\_\_  
Last First MI Month Year Month Year

W #: \_\_\_\_\_ Div./Dept.: \_\_\_\_\_  
Do not use SSN

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

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

					\$		\$
Fund	Organization	Account	Program	Pos # and Sufx	Rate	Hours Charged	Amount
					\$		\$
Fund	Organization	Account	Program	Pos # and Sufx	Rate	Hours Charged	Amount

Financial Aid Review \_\_\_\_\_

**I CERTIFY** that this is a true statement of hours worked by me; further, that I am currently enrolled in \_\_\_\_\_ semester units.

**Student 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 job in a satisfactory manner.

**Supervisor's Initial:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_