

STUDENT ASSISTANT TIME SHEET

If appropriate, mark box: Federal Work Study (FWS) CalWORKS [\[CLICK FOR INSTRUCTIONS\]](#)

Read Instructions on linked page. Please Print Time Sheet when completed.
Student Assistants may work no more than 20 hours per week [in all combined areas of the college].

Name: _____
Last First Middle

Period _____/16/_____ to _____/15/_____
Month Year Month Year

W #: _____
Do not use SSN

Div./Dept.: _____

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		
TOTAL HOURS:		

\$ _____ \$ _____

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: _____