

# (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 \_\_\_\_\_ FOR PERIOD \_\_\_\_\_ /16/ \_\_\_\_\_ to \_\_\_\_\_ /15/ \_\_\_\_\_  
Last First MI Month Year Month Year

DIVISION/ AREA \_\_\_\_\_ ACCT # \_\_\_\_\_ %  
Fund Org Acct Program

W# \_\_\_\_\_ %  
Fund Org Acct Program

**Do not use SSN**

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		
<b>TOTAL HOURS:</b>		

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: \_\_\_\_\_