

**(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# \_\_\_\_\_

CWWSA  
 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		<b>TOTAL HOURS</b>					
				<b>RATE</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.]

\_\_\_\_\_  
 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