

(SA) 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 or W# _____

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 of twelve (12) or more semester units 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: _____