

**Las Positas College**  
**STUDENT ASSISTANT TIME SHEET**

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

*Read Instructions. Please Print All Information.*

**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	# of hours worked
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

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

% \$ \$

Fund	Organization	Account	Program	Pos #	Percent	Rate	Hours Charged	Amount
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% \$ \$

Fund	Organization	Account	Program	Pos #	Percent	Rate	Hours Charged	Amount
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**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:** \_\_\_\_\_