## CALIFORNIA STATE UNIVERSITY- SAN BERNARDINO

5500 University Parkway

San Bernardino, CA 92407

## MONTHLY STUDENT TIME SHEET

MONTH OF TIMESHEET		NAME OF EM	PLOYEE							
	CO	COYOTE ID						RATE OF PAY		
STUDENT JOB TITLE										
			DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
DEPARTMENT		MONDAY								
		TUESDAY								
		WEDNESDAY								
Company Unit Employees	THURSDAY									
Current Unit Enrollment		FRIDAY								
		SATURDAY								
CLASS SCHEDULE			•	•		•	WEEK	LY TOTAL		
 Days			DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
Times		MONDAY								
Days	TUESDAY				1					
Times	WEDNESDAY									
		THURSDAY	<del>                                     </del>							
I certify that I have worked the number		FRIDAY								
of hours listed and am currently enrolled	SATURDAY									
the number of units indicated above. I		WEEKLY TOTAL								
have not worked in excess of 20 hours		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
per week.	MONDAY	5,112						1100110	.0.7.2	
p		TUESDAY								
		WEDNESDAY								
Student's Signature	Date	THURSDAY								
	Date	FRIDAY								
I certify that I have personal knowledge	SATURDAY									
of the correctness of the hours reported	-	WEEKLY TOTAL								
above that the work was performed in a		DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL	
satisfactory manner. I also certify hours	MONDAY									
worked were not in conflict with the clas	TUESDAY									
schedule shown above.	WEDNESDAY									
		THURSDAY								
		FRIDAY								
		SATURDAY								
Supervisor's Signature	Date						WEEK	LY TOTAL		
			DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
		MONDAY								
Supervisor's Printed Name		TUESDAY								
		WEDNESDAY								
		THURSDAY								
Program Administrator's Signature	Date	FRIDAY								
	Duto	SATURDAY								
		_					WEEK	LY TOTAL		
Program Administrator's Printed Name										
rogram Administrator's Frinted Name						ONTULY	HOURIN	/ TOTAL		
					IVI	ONTHLY	HOUKL	IOIAL		

MONTHLY TOTAL PAY