CALIFORNIA STATE UNIVERSITY- SAN BERNARDINO

5500 University Parkway

San Bernardino, CA 92407

MONTHLY STUDENT TIME SHEET

MONTH OF TIMESHEET

STUDENT JOB TITLE

DEPARTMENT

Current Unit Enrollment

CLASS SCHEDULE

Days

Times

Days

Times

I certify that I have worked the number
of hours listed and am currently enrolled in
the number of units indicated above. I
have not worked in excess of 20 hours
per week.

Student's Signature   **Date**

I certify that I have personal knowledge
of the correctness of the hours reported
above that the work was performed in a
satisfactory manner. I also certify hours
worked were not in conflict with the class
schedule shown above.

Supervisor's Signature   **Date**

Supervisor's Printed Name

Program Administrator's Signature   **Date**

Program Administrator's Printed Name

NAME OF EMPLOYEE _____

COYOTE ID _____   RATE OF PAY _____

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
WEEKLY TOTAL								

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
WEEKLY TOTAL								

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WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
WEEKLY TOTAL								

MONTHLY HOURLY TOTAL

MONTHLY TOTAL PAY