

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

	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								
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WEEKLY TOTAL

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

WEEKLY TOTAL

MONTHLY HOURLY TOTAL

MONTHLY TOTAL PAY