

CALIFORNIA STATE UNIVERSITY- SAN BERNARDINO

5500 University Parkway  
 San Bernardino, CA 92407

**MONTHLY STUDENT TIME SHEET**

**TIMESHEET FOR THE MONTH OF**

**STUDENT JOB TITLE**

**EMPLOYER**

**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

\_\_\_\_\_  
 Program Administrator's Signature Date

NAME OF EMPLOYEE _____	RATE OF PAY _____
Last 4 digits of SSN _____	_____

	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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WEDNESDAY								
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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**