

MONTHLY STUDENT TIME SHEET

MONTH & YEAR OF TIMESHEET

STUDENT JOB TITLE

DEPARTMENT

Current Unit Enrollment

CLASS SCHEDULE

Monday: _____
 Tuesday: _____
 Wednesday: _____
 Thursday: _____
 Friday: _____
 Saturday: _____

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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THURSDAY								
FRIDAY								
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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