Las Positas College

STUDENT ASSISTANT TIME SHEET

If appropriate, mark box: ☐ Federal Work Study (FWS) ☐ CalWORKS

Read Instructions on Reverse Side of Form. Please Print All Information.

Student Assistants may work no more than 20 hours per week [in all combined areas of the college].

Name:_____
Last First Middle

Period _____/16/ _____ **to** _____/15/_____
Month Year Month Year

W or SSN #:_____

Div./Dept.:_____

Date	Day of Week	# of hours worked or reason for absence
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Date	Day of Week	# of hours worked or reason for absence
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
	TOTAL HOURS:	0

Fund	Organization	Account	Program	Pos #	Percent	Rate	Hours Charged	Amount
					0%	% $		$ 0

Fund	Organization	Account	Program	Pos #	Percent	Rate	Hours Charged	Amount
					0%	% $		$ 0

I CERTIFY that this is a true statement of hours worked by me; further, that I am currently enrolled in _____ semester units.

Student Signature:_____ **Date:** _____

I HEREBY CERTIFY that this is a true statement of hours worked by this student and that this student has performed his/her job in a satisfactory manner. **Supervisor's Initial:**_____

Administrator Signature:_____ **Date:**_____