

# Student Timesheet



Human Resources, Equal Opportunity & Compliance  
209-667-3351  
MSR 320

**\*All fields must be completed. Paper forms OR incomplete forms may cause a delay in processing.**

**Work Study?** Yes  No

Employee ID #  Last Name:  First Name:  MI:

Record #  Dept or Account Name:

Pay Month/Year:  Dept I.D. #  Fund:  Program Code:

**TIME WORKED:** Report only time worked during this pay period. Refer to College Year Calendar for days in pay period <http://www.csustan.edu/academics/academic-calendar>. Be sure to follow this calendar (monthly) since it reflects the actual monthly pay period dates used by the State Pay Calendar and will fluctuate from month to month.

30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	

I certify that I am duly authorized by CSU Stanislaus to make this report and certification; that this report correctly reflects the time worked by the employee listed above for the pay period reported.

**TOTAL HOURS WORKED**

\_\_\_\_\_  
Manager/Approver (Print Name)

\_\_\_\_\_  
Manager/Approver (Signature)

\_\_\_\_\_  
Date

**FOR PAYROLL USE ONLY:**

SSN	PIMS PSN #	Entered Date & IN	Approved Date & IN	Cleared Date & IN

Authorized Payroll Signature: \_\_\_\_\_ Date \_\_\_\_\_