

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:

Pay Month: Dept or Account Name:

Pay 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.

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|----|----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|
| 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 _____