

Student Time Sheet

Berkeley City College
2050 Center Street
Berkeley, CA 94704

Reporting Period: From _____ To _____ 20 _____

Submitted another time sheet for this reporting period Yes ___ No ___

Employee ID -

Last Name _____

First Name, MI _____

Max Allowed Weekly Hours _____

Students cannot work more than 20 hours a week total combined for the 4 colleges; Berkeley City College, COA, Laney, Merritt.

This Reporting Period

	Date	Hours		Date	Hours
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thur			Thur		
Fri			Fri		
Sat			Sat		
Sun			Sun		
Weekly Total			Weekly Total		

Hours reported for the last week of the previous period

	Date	Hours
Mon		
Tues		
Wed		
Thur		
Fri		
Sat		
Sun		
Weekly Total		

	Date	Hours		Date	Hours
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thur			Thur		
Fri			Fri		
Sat			Sat		
Sun			Sun		
Weekly Total			Weekly Total		

	Date	Hours
Mon		
Tues		
Wed		
Thur		
Fri		
Sat		
Sun		
Weekly Total		

Total Hours This Period	
Rate	

Employee Signature _____

I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED

DO NOT WRITE IN THIS BLOCK. FOR BUSINESS OFFICE ONLY

ACCOUNTING CODE

Hours Charged	Loc	Fund	Cost Center	Object	Prgm	Activity	Project	Line

Supervisor Signature _____

Business Manager _____

Payroll _____