

Cal-SOAP Peer Advisor: Timesheet

Month/Year: _____

School Site: _____

First Name	Last Name

	thru
CSUB ID #	Pay Period (MM/DD/YY - MM/DD/YY)

Date	Time In	Time Out		Time In	Time Out	Total Hours	Contact Initials
1			B r e a k				
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							

Minutes	Tenths	Total Hours Worked
1-15	0.3	
16-30	0.5	
31-45	0.8	
45-60	1	

Site Coordinator Supervisor _____ Date _____

Peer Advisor Signature _____ Date _____