STUDENT ASSISTANT ATTENDANCE REPORT

California State Polytechnic University, Pomona

Dept/Unit:

Position #:

Jobcode:

Pay Period:

Bronco - Rcd#	Employee Name	Total Hours		Salary Rate			Sep
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM DULY AUTHORIZED BY THE HEREIN NAMED STATE AGENCY TO MAKE THIS REPORT AND CERTIFICATION; THAT THIS REPORT CORRECTLY REFLECTS THE ATTENDANCE OF ALL STUDENT ASSISTANT EMPLOYEES OF THIS REPORTING UNIT FOR THE PAY PERIOD INDICATED, AND THAT ALL EMPLOYEES LISTED HEREIN ARE ENTITLED TO PAYMENT FOR THE TIME REPORTED HEREIN, AND HAVE TAKEN, SUBSCRIBED AND FILED THE OATHS REQUIRED BY LAW.

Totals				

Extension____________________________

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Authorized Signature for Certification **Date**