



A.S. REPRESENTATIVES TIMESHEET

Print Name: _____ SMC ID# _____ Semester: _____ Year: _____

Meeting Date	Committee Name	Time In	Time Out	Total Hrs.	Printed Name of Committee Chair or Secretary	Signature of Committee Chair or Secretary

I have read, understand and will adhere to the following statements:

1. I am responsible for logging my time spent at each meeting on this timesheet; if I am late or leave early from a meeting, I will round my time to the nearest quarter hour.
2. After each meeting, I will have the committee chair or secretary confirm my attendance, by signing on the appropriate line above.
3. I will return my timesheet(s) and committee report(s) by the end of the semester stated above, to the A.S. Director of Academic Support / Shared Governance.
4. I understand the timesheets are processed at the end of the semester and I should receive a stipend award check in the mail between two (2) to four (4) business weeks.
5. I understand payment may be delayed if my timesheets are late/Incomplete/incorrect/hard to read, or if I have failed to update my mailing address on my SMC Corsair Connect.
6. I understand under the penalty of perjury, my signature below confirms the information stated above is true and correct.

A.S. Representative's Signature: _____ **Date:** _____