

FEDERAL WORK STUDY

Grossmont-Cuyamaca Community College District

TIMESHEET

Complete in Black Ink

NAME

DEPARTMENT

BUDGET NUMBER

PAY PERIOD ENDING

COUNTY ID #
(CID)

POSITION #

RATE OF PAY \$

MONTH:			MONTH:		
Date	Day	No. Hours	Date	Day	No. Hours
15			1		
16			2		
17			3		
18			4		
19			5		
20			6		
21			7		
22			8		
23			9		
24			10		
25			11		
26			12		
27			13		
28			14		
29					
30					
31					
			Total Hours		

FOR PAYROLL USE ONLY	
_____	_____
Hours	Payroll Cycle

Employee's Signature

I certify that the employee has worked the number of days/hours listed.

Supervisor's Signature

Dean/Director Authorization

(Your signature authorizes the rate of pay shown above and verifies that you are monitoring the hours and days worked per work study award.)

THIS TIME SHEET MUST BE RETURNED TO THE PAYROLL OFFICE BEFORE 5:00 P.M. ON THE 15TH OF EACH MONTH.

SUPERVISOR'S NOTE: Work study employees must work fewer than 40 hours per week and may not work overtime. Overtime is incurred after working 8 hours in a day. Hours worked on a District holiday must be initialed by the Supervisor.