EOPS 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 $**

---

**FOR PAYROLL USE ONLY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>No. Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.