

# RED ROCKS COMMUNITY COLLEGE

## WORK-STUDY TIME SHEET

Please Use Black Ink

Name \_\_\_\_\_  
Last
First
Initial

SOCIAL SECURITY NO: \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ DIVISION/EMPLOYER \_\_\_\_\_

COST CENTER NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
FA Signature

Please indicate total number of hours worked to nearest QUARTER HOUR  
 {15 minutes = .25, 30 minutes =.50,45 minutes=.75}

Week Ending	Sat	Sun	Mon	Tue	Wed	Thr	Fri	TOTAL
Week Ending	Sat	Sun	Mon	Tue	Wed	Thr	Fri	TOTAL

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Hours
Rate
Salary

No Student may be paid from Work-Study funds unless he/she has been found eligible for and assigned to a Work-Study job by the Financial Aid Office prior to the performance of any work.

I hereby certify the above is an accurate account of my work hours and that I am still enrolled and attending at least (6) credit hours of course work this semester.

Job NO: 609400

\_\_\_\_\_  
 Signature of Student Date

I hereby certify that this time sheet is a true statement of the hours worked by this student who was enrolled at least half-time (6 credit hours) during this pay period and that the work assigned has been performed.

\_\_\_\_\_  
 Signature of Supervisor Date

Any person who knowingly makes a false statement or a misrepresentation this form shall be subject to a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both, under provision of the United States Criminal Code.

It is the responsibility of the student and /or supervisor to retain a copy for your files.

Audited by Payroll Office \_\_\_\_\_