RED ROCKS COMMUNITY COLLEGE
WORK STUDY EMPLOYEE TIMESHEET

PLEASE PRINT CLEARLY

NAME: _____

(LAST) **(FIRST)** **(INITIAL)**

S - NUMBER: _____

DEPARTMENT EMPLOYED BY: _____

POSITION: **ORG & ACCOUNT CODES:** _____

TOTAL HOURS WORKED PER DAY (Round off to the nearest quarter hour in decimal format *)

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	TOTAL HOURS	
1ST WEEK DATES ➔									
WEEK ENDING / /									1ST WEEK TOTAL
WEEK ENDING / /									2ND WEEK TOTAL
2ND WEEK DATES ➔									PAY PERIOD TOTAL
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri		

_____ **X** _____ **=** _____

HOURS **RATE** **GROSS PAY**

No student may be paid from Work-Study funds unless he/she has been found eligible for a Work-Study award by the Financial Aid Office, and has been assigned to and processed for a Work-Study job by the Student Employment 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.

EMPLOYEE'S SIGNATURE **DATE** **EXTENSION**

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.

SUPERVISOR'S SIGNATURE **DATE** **EXTENSION**

Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to disciplinary action and also may 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.

SUPERVISOR NOTE : PLEASE RETAIN A COPY OF THIS STUDENT TIMESHEET FOR YOUR FILES.

FOR ACCOUNTING USE ONLY

*** CONVERT MINUTES TO DECIMALS**

15 MIN. = .25

30 MIN. = .50

45 MIN. = .75

_____ _____

Audited by **EARNINGS CODE**