

*CENTENARY COLLEGE OF LOUISIANA*  
**WORKSTUDY TIMESHEET**  
**STUDENT PAYROLL**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ID#: \_\_\_\_\_

OFFICE USE:
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MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

MUST BE COMPLETED IN PEN

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HRS * WORKED															

DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HRS * WORKED																

\*ROUNDED TO THE NEAREST QUARTER HOUR

SUPERVISOR MUST INITIAL **ALL** CORRECTIONS

I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE HOURS WORKED BY THIS STUDENT AND THAT THIS STUDENT HAS PERFORMED HIS/HER ASSIGNED JOB IN A SATISFACTORY MANNER UNLESS OTHERWISE NOTED BELOW:

\_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

ALL STUDENT TIMESHEETS MUST BE TURNED INTO THE FINANCIAL AID OFFICE NO LATER THAN THE 2ND WORKING DAY OF THE FOLLOWING MONTH.