

CENTENARY COLLEGE OF LOUISIANA
WORKSTUDY TIMESHEET
STUDENT PAYROLL

NAME: _____

DEPARTMENT: _____

ID#: _____

OFFICE USE:

MONTH: _____ YEAR: _____

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

DATE

DATE

All student timesheets must be turned into the Financial Aid Office no later than noon on the 2nd working day of the following month.