



COLLEGE of the DESERT

43-500 Monterey Ave., Palm Desert CA, 92260

FWS/ALUMNI STUDENT PAYROLL RECORD

NAME: _____
(LAST NAME, FIRST NAME)

GALAXY ID NUMBER: _____

DEPARTMENT: _____

PAYROLL NUMBER: **10B**

SUPERVISOR: _____

PAY PERIOD: **3/18/20- 4/17/20**

DATE	DAY	REG	SICK	REMARKS
3/18/2020	WED			
3/19/2020	THU			
3/20/2020	FRI			
3/21/2020	SAT			
3/22/2020	SUN			
3/23/2020	MON			
3/24/2020	TUE			
3/25/2020	WED			
3/26/2020	THU			
3/27/2020	FRI			
3/28/2020	SAT			
3/29/2020	SUN			
3/30/2020	MON			
3/31/2020	TUE			
4/1/2020	WED			
4/2/2020	THU			
4/3/2020	FRI			
4/4/2020	SAT			
4/5/2020	SUN			
4/6/2020	MON			
4/7/2020	TUE			
4/8/2020	WED			
4/9/2020	THU			In Lieu of Cesar Chavez Day
4/10/2020	FRI			Spring Holiday
4/11/2020	SAT			
4/12/2020	SUN			
4/13/2020	MON			
4/14/2020	TUE			
4/15/2020	WED			
4/16/2020	THU			
4/17/2020	FRI			
TOTAL				

Funding Source

- Federal Work Study
- Alumni
- FWS/CalWorks (50/50)

****REMINDER**** - Any student working more than 20 hours a week must have prior approval from the Financial Aid department. Failure to do so will result in funds being deducted from the department's budget.

Original Timesheets are due to the Financial Aid Office no later than the 17th of each month.

Financial Aid Office Approval

_____ Total Hours Approved

Signature _____

Date _____

FOR PAYROLL USE ONLY

FL _____ Rate \$ _____

ADJ. CODE	HRS	AMOUNT

I hereby certify that the above is a true and accurate report of my service for the period indicated.

Signature of Employee _____ Date _____

Authorized by Immediate Supervisor _____ Date _____