



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

FWS/ALUMNI STUDENT PAYROLL RECORD

**NAME:** \_\_\_\_\_  
(LAST NAME, FIRST NAME)

**GALAXY ID NUMBER:** \_\_\_\_\_

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

**PAYROLL NUMBER:** **11B**

**SUPERVISOR:** \_\_\_\_\_

**PAY PERIOD:** **4/18/20 - 5/17/20**

DATE	DAY	REG	SICK	REMARKS
4/18/2020	SAT			
4/19/2020	SUN			
4/20/2020	MON			
4/21/2020	TUE			
4/22/2020	WED			
4/23/2020	THU			
4/24/2020	FRI			
4/25/2020	SAT			
4/26/2020	SUN			
4/27/2020	MON			
4/28/2020	TUE			
4/29/2020	WED			
4/30/2020	THU			
5/1/2020	FRI			
5/2/2020	SAT			
5/3/2020	SUN			
5/4/2020	MON			
5/5/2020	TUE			
5/6/2020	WED			
5/7/2020	THU			
5/8/2020	FRI			
5/9/2020	SAT			
5/10/2020	SUN			
5/11/2020	MON			
5/12/2020	TUE			
5/13/2020	WED			
5/14/2020	THU			
5/15/2020	FRI			
5/16/2020	SAT			
5/17/2020	SUN			
<b>TOTAL</b>				

**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

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

**FOR PAYROLL USE ONLY**

FL \_\_\_\_\_ Rate \$ \_\_\_\_\_

ADJ. CODE	HRS	AMOUNT