



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

STUDENT WORKER PAYROLL RECORD

NOT TO BE USED FOR FWS/ALUMNI

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			
TOTAL				

Timesheets must be received in the Payroll Department **no later than the **20th** of each month. Unfortunately, due to county deadlines and restrictions, any timesheets received after that are not guaranteed to be included in that payroll cycle.

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