

## SRJC STUDENT PAYROLL

	Office	From:	<u> </u>	10						
		Mor	nth	Day	Year	]	Month	Day	Year	
udent	's Name:						SS	N: XXX-XX-	•	
							Em	ployee ID #:		
Superv	isor:		Dept:						Budget (FWS/DST	
		Round ho	urs to r	nearest quart	ter hour (	.25 / .50 / .75	)			
		Total Hours				otal Hours			Total Hours	
Date 10	Day of Week	per Day	Date	Day of W	eek	per Day	Date	Day of Week	per Day	
10			21				1			
11			22				2			
12			23				3			
13			24				4			
14			25				5			
<b>15</b>			26				6			
16			27				7			
17			28				8			
18			29				9			
19			30							
20			31				Tota	l Hours:		
The Payroll Office must receive timesheets by 10 A.M. on the STUDENT INFORMATION  am enrolled inunits and certify at I have read the above statements.					H	SUPERVISOR INFORMATION HOLIDAY OR WEEKEND HOURS MUST BE INITIALED BY SUPERVISOR.  I certify that the hours recorded are accurate.				
dent Si	gnature		Dai	te						
D:					Department Supervisor Signature				Date	
	В	udget Code:								
ayroll	Office Only:									
Rate \$ Hours						Gross \$				
EO Ap	proval:						lent is el	igible for a Step	B or Step C sa	
FWS DIST tart Date:					Evalu	increase.  Evaluation paperwork should be sent directly to the Student Employment Office by the 1 <sup>st</sup> of the month.				