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**Total Hours**

**Rate of Pay x**

**Gross Pay =**

Employee’s Signature: ________________________________ Date: __________

Student Email Address: ________________________________ Student Phone #: ________________________________

I hereby certify that the hours shown above are accurate and complete. Further, I certify that I took all meal and rest breaks to which I am entitled in accordance with the law.

Approved by: ________________________________ Date: __________ Phone #: ________________________________ Ext. ________________________________

* Timesheets are due in the Financial Aid Office on the 15th and the last day of each month.

For Office Use Only:

Position No: __________

Employee Code: __________

Agency / Department: __________