

Office of Financial Aid (Work-Study) 150 Rust Avenue Holly Springs, MS 38635 662-252-8000 ext. 4064 – Fax No. 662-252-790 vgulledge@rustcollege.edu

Department: _		 	
Supervisor:			
Cahaal Tarm:			

				Federa	/Rust Wo	rk Study	Monthly	Time Shee	et	
Please complete ALL sections. If a student did not work during the month, Student's Name						n, please write "0" in the box, sign a Student's ID			Pay Period	
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Weekly Total	Students ARE NOT PERMITTED to work dur CLASS TIME or AEP. No overtime hours will	
1st Week									compensated.	
2nd Week									Students are allowed to make up hours from	
3rd Week									previous month only.	
4th Week									LATE TIME SHEETS WILL BE PROCESSED THE NEXT PAY PERIOD!!!!!	
5th Week										
						Montl	nly Total			
I certify that the authorized in ac work assigned v turned into the I	cordance with vas performed	established (satisfactorily	College policy. This time	cy and that the sheet will be					d every day during the times and period indicated uties assigned.	
Supervisor's Signature Date					Student's Signature			Date		
Supervisor Comn	nents:									