



Office of Financial Aid (Work-Study)
 150 Rust Avenue
 Holly Springs, MS 38635
 662-252-8000 ext. 4064 – Fax No. 662-252-7901
 vgulledge@rustcollege.edu

Department: _____

Supervisor: _____

School Term: _____

Federal/Rust Work Study Monthly Time Sheet

Please complete ALL sections. If a student did not work during the month, please write "0" in the box, sign and return.

Student's Name

Student's ID

Pay Period

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Weekly Total
1st Week								
2nd Week								
3rd Week								
4th Week								
5th Week								
Monthly Total								

Students ARE NOT PERMITTED to work during CLASS TIME or AEP. No overtime hours will be compensated.

Students are allowed to make up hours from previous month only.

LATE TIME SHEETS WILL BE PROCESSED THE NEXT PAY PERIOD!!!!

I certify that the information shown on this sheet is accurate and authorized in accordance with established College policy and that the work assigned was performed satisfactorily. This time sheet will be turned into the Financial Aid Office by the designated due date.

I certify that I worked every day during the times and period indicated and performed the duties assigned.

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Supervisor Comments: _____
