

**Coahoma Community College
FWS PROGRAM
On-Campus Timesheet
CERTIFICATION**

Division/Department: _____

Supervisor: _____

Telephone Number: _____ E-mail _____

On behalf of the Department listed above, I hereby request participation in the Federal College Work Study Program. I understand and agree to the following:

1. I will not employ a student under the FCWSP until he/she has submitted and signed FCWSP Student Work Contract.
2. I will not permit a student to work more than his/her scheduled hours per week, as specified on the FCWSP Student Contract.
3. Students will be paid only for the hours worked in my department.
4. Timesheets will be completed, evaluated, and returned to Financial Aid in accordance with the FCWSP Pay Schedule.
5. I will distribute this information to all Departmental staff, who supervises FCWSP, To insure full compliance with the above.
6. All documentation on timesheets will be factual, to the best of my knowledge.

Signature of Timesheet Supervisor

Date

CCC Email

