

Name

Department

Dates						
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM						
8:15 AM						
8:30 AM						
8:45 AM						
9:00 AM						
9:15 AM						
9:30 AM						
9:45 AM						
10:00 AM						
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3:00 PM						
3:15 PM						
3:30 PM						
3:45 PM						
4:00 PM						
4:15 PM						
4:30 PM						
4:45 PM						
5:00 PM						
Total Hours Day						
Student Initials						
Supervisor Initials						

Weekly Hours

I acknowledge I have accurately reported all time worked for the current pay period.

Graduate Assistant's Signature: _____ Date: _____

I certify the Graduate Assistant noted above has accurately reported all time worked for the current pay period.

Supervisor's Signature: _____ Date: _____