GRADUATE ASSISTANT HOURLY TIME SHEET

Employee Name _____ **UID** _____

Faculty Supervisor _____ **Department** _____

Period Beginning _____ **Ending** _____

Please turn in your completed weekly timesheet to Graduate Studies by 5:00 p.m. every Friday.

	DATE	IN	OUT	IN	OUT	TOTAL HOURS	Please indicate activities engaged in daily.
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
					TOTAL		

I do hereby certify that the above record totaling _____ hours is a correct record of the hours worked by me for the period indicated and that no part of the amount due for these said hours of service has been or is to be directly or indirectly divided with or paid to any other person on account of or by reason of such employment.

Employee's Signature X _____

I certify that the student employee has worked the hours as totaled above and has performed his/her duties satisfactorily.

Supervisor' Signature X _____ Date: _____