

Department Graduate Assistant Monthly Time Tracking

Employee Name: _____ Student ID: _____

Supervisor Name: _____ Month: _____ Year: _____

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Subtotal
Hours								

WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Subtotal
Hours								

WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Subtotal
Hours								

WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Subtotal
Hours								

WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Subtotal
Hours								

Total Hours Worked for Month: _____

I certify that I was present and worked during the hours indicated above.

Employee Signature: _____ Date: _____

I certify that this employee has performed satisfactory work for the hours represented on this timesheet.

Supervisor Signature: _____ Date: _____