

Student Assistants

Mathematics Department Employee Timesheet

NAME _____
(LAST, FIRST)

Supervisor _____

Timesheets with signatures are due on the 15th of each month

Turn in a timesheet each month, regardless of the number of hours

Month _____ *	Month _____ *
<u>Date</u> <u>Hours</u>	<u>Date</u> <u>Hours</u>
16 _____	1 _____
17 _____	2 _____
18 _____	3 _____
19 _____	4 _____
20 _____	5 _____
21 _____	6 _____
22 _____	7 _____
23 _____	8 _____
24 _____	9 _____
25 _____	10 _____
26 _____	11 _____
27 _____	12 _____
28 _____	13 _____
29 _____	14 _____
30 _____	15 _____
31 _____	

*See instruction on how to fill out timesheet

TOTAL HOURS _____

Employee Signature _____

I hereby certify that this is a true statement of hours worked and that the work was performed in a satisfactory manner.

Supervisor Signature _____

(Green)