

## COLLEGE OF EDUCATION GRADUATE ASSISTANT TIME SHEET

**DEPARTMENT:** Educational Leadership, Counseling & Special Education

**NAME:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_

WEEK 1			
DAY	DATE	TIME IN-OUT	HRS WORKED
SAT			
SUN			
MON			
TUE			
WED			
THR			
FRI			
TOTAL FOR WEEK 1:			

WEEK 2			
DAY	DATE	TIME IN-OUT	HRS WORKED
SAT			
SUN			
MON			
TUE			
WED			
THR			
FRI			
TOTAL FOR WEEK 2:			

WEEK 3			
DAY	DATE	TIME IN-OUT	HRS WORKED
SAT			
SUN			
MON			
TUE			
WED			
THR			
FRI			
TOTAL FOR WEEK 3:			

WEEK 4			
DAY	DATE	TIME IN-OUT	HRS WORKED
SAT			
SUN			
MON			
TUE			
WED			
THR			
FRI			
TOTAL FOR WEEK 4:			

TOTAL FOR WEEK 1	
TOTAL FOR WEEK 2	
TOTAL FOR WEEK 3	
TOTAL FOR WEEK 4	
<b>TOTAL FOR MONTH</b>	

GRADUATE ASSISTANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_