

**Weekly Record of Hours for TS/GA Assistantships** Student: \_\_\_\_\_ Month \_\_\_\_\_

In each box please record how many hours you worked, the Supervisor / Area, and what work was completed. Please have your supervisor sign off on this form and then put it in the Grad Coordinator's mailbox at the end of each month. Please indicate if any of these were **floating hours**.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						

Supervisor Approval / sign (please also print name) : \_\_\_\_\_

Supervisor Approval / sign (please also print name) \_\_\_\_\_