



TIMESHEET

Instructor
 Tutor
 Student Worker

Employee's Name *(please print)* _____ Employee # _____

Date	Location Worked or Course Name	Hours (i.e., 1:00-4:00pm)	Total # Hours

Total Hours _____

By signing this form, I certify that the information provided in this form is accurate and true.

Signature of Instructor / Tutor / Student Worker

To be completed by the Coordinator

Rate:	Payment:	Cost Center:
Rate:	Payment:	Cost Center:

 Approval Date