

SCHOOL OF FAMILY, CONSUMER, & NUTRITION SCIENCES
Graduate Assistant Time Log – FALL SEMESTER

Student's Name _____ Week of _____

Faculty Member(s) _____

Use this form to log your work each week. Begin a new sheet each Monday. At the end of the week have it signed by the faculty member(s) for whom you worked. Return the form to the coordinator of the area for which you work. **NOTE: Failure to turn in your time sheets within the guidelines established by your coordinator will result in dismissal from or non renewal of your assistantship.**

DATE	FACULTY	WORK	TIME SPAN	TOTAL HOURS
<i>EXAMPLE: Month/day</i>	<i>Smart</i>	<i>recorded 445 tests library research</i>	<i>8-9 a.m. 3-4 p.m.</i>	<i>2 hrs.</i>
Total hours this week:				
Total cumulative hours for the semester : (10 hrs=180 hrs worked; 15 hrs=270 hrs worked; 20 hrs=360 hrs worked)				
Hours Remaining for the Semester:				

GA Comments:

I agree that the above is correct:

Faculty Signature

Date

COMMENTS: _____
