COLLEGE OF LAW
REPORT OF HOURS WORKED
GRADUATE ASSISTANT

FOR THE MONTH OF: _____ **YEAR** _____

NAME (LAST, FIRST): _____ **EMPL ID:** _____

TITLE: _____ **Panther #** _____

DEPT. NAME: _____

***Note: Hours prepopulated is based on a 20% FTE (8 hrs/week).**
Please adjust your actual time worked in the indicated area.

(Record in Hours--Partial hours should be recorded in fiftenths of an hour---8 hours and 15 minutes = 8.25)

Day	DATE		Actual Hours Worked
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	

Total Hours 0.00

This Report Hours Worked shall be submitted to Tina Blanks by the end of the business day on the last day of the month.

Supervisor: _____
Print Name

Signature: _____

Date: _____

Employee: _____
Print Name

Signature: _____

Date: _____