MEMORIAL UNIVERSITY

CENTRE FOR INNOVATION IN TEACHING AND LEARNING

STUDENT ASSISTANT TIME SHEET

_____

STUDENT NAME [PLEASE PRINT]

DATE(S) WORKED	TIME OF DAY		DAILY HOURS	DESCRIPTION OF WORK
	Start Time	**End Time**		
TOTAL HOURS WORKED				

_____
Student's Signature

_____
Supervisor's Signature

_____
Date

_____
Date

FOR OFFICE USE ONLY		
FOAPAL (MUCEP/ISWEP)	Position Code:	Suffix #:
FOAPAL (Undergrad)	Position Code:	Suffix #:
Key in Banner (Initial)	Date:	
Approved in Banner (Initials)	Date:	
PP#:	Date:	