



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:	