

LRC TUTOR TIME SHEET

Employee Name: _____ ID# _____ Month: _____ Year: _____

Date	Time in	Staff Initial	Time out	Staff Initial	Time in	Staff Initial	Time out	Staff Initial	Total Hours	Tutor Initials
Total Hours/Month:										

By signing this document, I certify that this is a true statement of hours worked.

Employee Signature: _____ Date: _____

EMBED TUTOR TIME SHEET

Employee/Tutor Name: _____ ID# _____ Month: _____ Year: _____

Class _____ Section#: _____ Professor: _____

Date	Time in	Time out	Total Hours	Instructors Initials

Total Hours/Month:

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Comments:

By signing this document, I certify that this is a true statement of hours worked.

Employee Signature: _____

Date: _____