# Readers

## Mathematics Department Employee Timesheet

NAME _____          Instructor _____

(LAST, FIRST)

**Timesheets with signtatures are due on the 15th of each month**

Turn in a timesheet each month, regardless of the number of hours

| Month _____ * | | | Month _____ * | |
|---|---|---|---|---|
| Date | Hours | | Date | Hours |
| 16 | _____ | | 1 | _____ |
| 17 | _____ | | 2 | _____ |
| 18 | _____ | | 3 | _____ |
| 19 | _____ | | 4 | _____ |
| 20 | _____ | | 5 | _____ |
| 21 | _____ | | 6 | _____ |
| 22 | _____ | | 7 | _____ |
| 23 | _____ | | 8 | _____ |
| 24 | _____ | | 9 | _____ |
| 25 | _____ | | 10 | _____ |
| 26 | _____ | | 11 | _____ |
| 27 | _____ | | 12 | _____ |
| 28 | _____ | | 13 | _____ |
| 29 | _____ | | 14 | _____ |
| 30 | _____ | | 15 | _____ |
| 31 | _____ | | | |

*See intruction on how to fill out timesheet          TOTAL HOURS _____

Employee Signature _____

*I hereby certify that this is a true statement of hours worked and that the work was performed in a satisfactory manner.*

Instructor Signature _____

(Blue)