Monthly Graduate Assistant Hours Record

Name: ID#:

Course & section:

Supervisor:

Month/year:

WEEK 1 Dates:	Prep: Contact: Grading: Other:	WEEK 1 Total hours:
WEEK 2 Dates:	Prep: Contact: Grading: Other:	WEEK 2 Total hours:
WEEK 3 Dates:	Prep: Contact: Grading: Other:	WEEK 3 Total hours:
WEEK 4 Dates:	Prep: Contact: Grading: Other:	WEEK 4 Total hours:
WEEK 5 Dates:	Prep: Contact: Grading: Other:	WEEK 5 Total hours:

Monthly hours total:

GA signature   Date:

Supervisor signature: Date: