

Timesheet



Name: _____

Department: _____

Month/s covered by this report: _____

| Date | Clock-In | Clock-out | Total Hours Worked: |
|------|----------|----------------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
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| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| | | Overall Total Hours: | |

I hereby certify that the time and effort stated on the report is accurate and work assigned has been performed in a satisfactory manner.

Tutor Signature

Date

Return completed and signed form by the 15th of each month to:

Academic Success Center

OBU Box 3653

Suite Lile 122

(870) 245-5381 academicsuccesscenter@obu.edu