

**UNIVERSITY OF MASSACHUSETTS LOWELL
RESEARCH FOUNDATION
WEEKLY RESEARCH ASSISTANT TIMESHEET
(Used to account for the weekly STIPEND amount only) ***

RESEARCH ASSISTANT NAME _____
(Please PRINT name)

UMLRF ID# (5 DIGITS) _____

SOCIAL SECURITY # _____

DEPARTMENT _____ WEEK ENDING _____
(last Saturday of week)

PROJECT or OVERHEAD NUMBER:

As a full time R.A.

1) I worked my regularly scheduled work period of 18 hours per week. (Check here and sign and date below)

As a half-time R.A.

1) I worked my regularly scheduled work period of 9 hours per week. (Check here and sign and date below)

DATE

RESEARCH ASSISTANT SIGNATURE
By my signature I certify under penalty of perjury that above is an accurate and complete reflection of my attendance.

Supervisor's Signature

*** This form must be prepared weekly and kept on file with your Supervisor or Department.**