

Time Card

Month _____ Year _____ Name _____

Your time card must be turned in on the 20th of each month. Have the instructor or supervisor sign below, verifying that the hours are correct. If your supervisor is not available, turn your time card in by the deadline and get signatures later.

Name of Instructor/Supervisor _____ Course/Project _____

Day	Date	Month	Hours	Day	Date	Month	Hours
M T W TH F Sat Sun	21	_____	_____	M T W TH F Sat Sun	6	_____	_____
M T W TH F Sat Sun	22	_____	_____	M T W TH F Sat Sun	7	_____	_____
M T W TH F Sat Sun	23	_____	_____	M T W TH F Sat Sun	8	_____	_____
M T W TH F Sat Sun	24	_____	_____	M T W TH F Sat Sun	9	_____	_____
M T W TH F Sat Sun	25	_____	_____	M T W TH F Sat Sun	10	_____	_____
M T W TH F Sat Sun	26	_____	_____	M T W TH F Sat Sun	11	_____	_____
M T W TH F Sat Sun	27	_____	_____	M T W TH F Sat Sun	12	_____	_____
M T W TH F Sat Sun	28	_____	_____	M T W TH F Sat Sun	13	_____	_____
M T W TH F Sat Sun	29	_____	_____	M T W TH F Sat Sun	14	_____	_____
M T W TH F Sat Sun	30	_____	_____	M T W TH F Sat Sun	15	_____	_____
M T W TH F Sat Sun	31	_____	_____	M T W TH F Sat Sun	16	_____	_____
M T W TH F Sat Sun	1	_____	_____	M T W TH F Sat Sun	17	_____	_____
M T W TH F Sat Sun	2	_____	_____	M T W TH F Sat Sun	18	_____	_____
M T W TH F Sat Sun	3	_____	_____	M T W TH F Sat Sun	19	_____	_____
M T W TH F Sat Sun	4	_____	_____	M T W TH F Sat Sun	20	_____	_____
M T W TH F Sat Sun	5	_____	_____	Total Hours		_____	_____

I certify that the above hours are correct:

Signature of Instructor/Supervisor

Signature of Employee