



*College of Graduate Studies*  
**GRADUATE ASSISTANTSHIP**  
Suggested Time Reporting Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date	Start Time	Lunch Start Time	Lunch End Time	End Time	Total Hours	Total Running Hours

Date	Start Time	Lunch Start Time	Lunch End Time	End Time	Total Hours	Total Running Hours

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