

Timesheet



Name: _____

Month/s covered by this report: _____

Paid Tutor TranServe Tutor Other

Week of:					Week of:				
	Clock In:	Clock Out:	Total Paid:	Total TS:		Clock In:	Clock Out:	Total Paid:	Total TS:
Sunday					Sunday				
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Total Hours:					Total Hours				

*TS=TranServe

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 to:

Academic Success Center

OBU Box 3653

Suite Lile 122 (870) 245-5381 academicsuccesscenter@obu.edu