

Salaried Research Assistants Monthly Timesheet

Name: _____

Supervisor's Name: _____ Month and Year: _____

Supervisor's Signature: _____

Directions: Write date and quantity of hours in blocks below and total hours for the month at the bottom of the page. **Turn in to Jessica Diers 276 BLB** at the end of every month. **When 276 is closed or after hours put the timesheets under the door.** If your faculty member is away your hours can be approved via e-mail to jessica-diers@uiowa.edu

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
| | | | | | | | |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
| | | | | | | | |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
| | | | | | | | |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
| | | | | | | | |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|-----|-----|------|-----|-------|-----|-----|-------|
| | | | | | | | |

Monthly Total _____ *Round to nearest half-hour.*