# Monthly Graduate Assistant Hours Record

Name:                                          ID#:

Course & section:

Supervisor:

Month/year:

| WEEK 1 Dates: | Prep: Contact: Grading: Other: | WEEK 1 Total hours: |
|---|---|---|
| WEEK 2 Dates: | Prep: Contact: Grading: Other: | WEEK 2 Total hours: |
| WEEK 3 Dates: | Prep: Contact: Grading: Other: | WEEK 3 Total hours: |
| WEEK 4 Dates: | Prep: Contact: Grading: Other: | WEEK 4 Total hours: |
| WEEK 5 Dates: | Prep: Contact: Grading: Other: | WEEK 5 Total hours: |

Monthly hours total:

GA signature                                   Date:

Supervisor signature:                          Date: