Doctoral Program in Leadership Studies
Gonzaga University

GRADUATE ASSISTANTSHIP TIME REPORT

Summer_____ Fall_____ Spring_____ 20_____

Credits Awarded_____Hours to be completed_____

Name_____ Social Security #_____

DATE	TASKS	HOURS
	Total hours carried over from previous time report	
Total Hours		

I certify that this is a true and correct record of the time I have worked this pay period as directed by my supervisor.

_____ _____
Signature Date Submitted

A time record is to be turned in to Virginia Killingbeck, Program Coordinator on or before the last day of each month of the term for which your Assistantship has been awarded.

timerept.doc June 14, 2004