

# MISSOURI STATE UNIVERSITY

Name \_\_\_\_\_ Dept \_\_\_\_\_ Month/Year \_\_\_\_\_

Instructions for completing the GA Timesheet may be found at <http://www.missouristate.edu/financialservices/gatimesheets.htm>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total																																																																																																																								
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I hereby certify that this time sheet is accurate and that the information is correct to the best of my knowledge.

Graduate Assistant \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Department Head \_\_\_\_\_

Date \_\_\_\_\_