

Graduate Assistant Worked Hours

Name: _____

ID# : _____

Supervisor: _____

Month: _____ Year: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

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Date: _____ Hours: _____

Date: _____ Hours: _____

This is a true statement of hours worked for North Dakota State University.

Employee _____

Supervisor _____