

**OHIO UNIVERSITY STUDENT EMPLOYEE TIME REPORT  
2009-2010 Academic Year**

Name \_\_\_\_\_

Program of Study \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Briefly describe work assignment \_\_\_\_\_  
\_\_\_\_\_

Quarter (check one)                      Fall \_\_\_              Winter \_\_\_              Spring \_\_\_  
Scholarship type (check one)              GA \_\_\_              GRS \_\_\_

	Hours Worked	Work accomplished
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Any additional hours worked		
Total		

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to Karla Schneider by the last day of classes.