



University of Massachusetts Lowell
Graduate Employee Organization/UAW Local 1596
Teaching and Research Assistant Weekly Timesheet

TA/RA NAME:

EMPL ID:

ISIS #:

DEPARTMENT:

WEEK ENDING:

HR ACCOUNT CODE/PROJECT NUMBER/OVERHEAD NUMBER:

As a full time TA/RA

1) I worked my regularly scheduled work period of 18 hours per week. (Check here and sign and date below)

As a half-time TA/RA

2) I worked my regularly scheduled work period of 9 hours per week. (Check here and sign and date below)

TA/RA SIGNATURE

By my signature I certify under penalty or perjury that above is an accurate and complete reflection of my attendance.

DATE

Supervisor's Signature

***This form must be prepared weekly and kept on file with your Supervisor or Department.**