

**SEMESTER TIME SHEET**

All semester time sheet forms must be signed by a supervisor and emailed in PDF format to [saaboforms@jjay.cuny.edu](mailto:saaboforms@jjay.cuny.edu).

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Week	Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
<b>Total Hours for Month</b>							

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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Week 2							
Week 3							
Week 4							
Week 5							
<b>Total Hours for Month</b>							

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

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**Student Signature**

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**Date**

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**Supervisor Signature**

\_\_\_\_\_  
**Date**