



ILSAMP Tutor Time Sheet

Name: _____

	Date	Time In	Time Out	Total Hrs	Activity
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
			Weekly Total		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
			Weekly Total		

I certify that the above hours are accurate.

ILSAMP Tutor Signature

Date

ILSAMP Student Signature

Date