

STUDENT ASSISTANT - HOURS WORKED

Please,

- complete all fields electronically, then print the form
- sign it and ask your supervisor to sign it
- submit it to the Dean's office on **K YXb YgXUmi**



**DALHOUSIE
UNIVERSITY**

Inspiring Minds

*Faculty of Architecture
and Planning*

Please indicate your position:

Assistant to Director of Architecture

V^&@V^æ

Digital Úrinting

Resource Centre

Wood Shop

Computer Pelp Öesk

Uther; please specify:

CE * * • öGEFI

Name:

Student Number: B00

Day and Date Worked: (e.g., 25 June 2018)

Hours + Minutes Worked (e.g., 3+50 = 3 hrs 50 mins)

Signed by student: _____ **Date:** _____

Signed by supervisor: _____ **Date:** _____

FOR OFFICE USE ONLY

Date received: _____ **WTS #** _____

Total hrs worked: _____ **WTS submitted:** _____

Total pay: _____ **For pay date:** _____

DD _____