Salaried Research Assistants  
Monthly Timesheet

Name: _____________________________________________________________

Supervisor’s Name: _____________________  Month and Year: ________________

Supervisor’s Signature: _______________________________________________

**Directions:** Write date and quantity of hours in blocks below and total hours for the month at the bottom of the page.  **Turn in to Jessica Diers 276 BLB** at the end of every month.  **When 276 is closed or after hours put the timesheets under the door.** If your faculty member is away your hours can be approved via e-mail to jessica-diers@uiowa.edu

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**Monthly Total** _________________  *Round to nearest half-hour.*