



WRITING RPM BIWEEKLY TIMESHEET

Name: _____ Student ID _____

Day	Date	Office Hours or Appointments	Workshop Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Weekly Totals		

Day	Date	Office Hours or Appointments	Workshop Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Weekly Totals		

Total Office Hours	
Total One-on-One Appointment Hours	
Total Workshop Hours	

To be processed, this form must be accompanied by completed attendance sheets. THE SIGNATURES BELOW VERIFY THAT THIS RECORD IS ACCURATE AND COMPLETE.

Mentor Signature: _____ Date: _____

Departmental Approval: _____ Date: _____

WRPM Office Hours

WRPM Name: _____

Office Hours Length: _____ hours

Date of Office Hours: _____

Student Name	Student ID	Course and Course #

Office Hours Length: _____ hours

Date of Office Hours: _____

Student Name	Student ID	Course and Course #

WRPM Office Hours

WRPM Name: _____

Office Hours Length: _____ hours

Date of Office Hours: _____

Student Name	Student ID	Course and Course #

Office Hours Length: _____ hours

Date of Office Hours: _____

Student Name	Student ID	Course and Course #

