



Proctor Timesheet

Today's Date: _____

Proctor's Full Name _____
(Please Print)

Proctor's Student ID#: _____

Semester: SP or FL 20__

Date and Time of Exam

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Start Time of Exam					
End Time of Exam					

Total Hours: _____

This timesheet is a legal document required by federal regulations and subject to independent audit and review. I certify that I actually worked the hours stated above by inserting my full name below.

Student's Signature _____ Date _____

This timesheet is a legal document required by federal regulations and subject to independent audit and review. I certify that the hours listed above fairly and reasonably represent the effort expended by the student and that the work performance has been satisfactory for this payroll period.

Supervisor's Signature _____ Date _____