Thornton Athletics Student Life Center
STUDENT ASSISTANT TIME SHEET
MONTHLY

Name: ______________________________
(Please Print Name)

Please indicate AM/PM

__________________ **2025**
(Please Print Month)

Date 2025	Time In	Time Out	No Show	Total Hours (leave blank)	Subject	Student-Athlete	Sport Code	Retain Report Completed?

Name: _____
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☐ By signing this form and checking this box, I certify that on my honor, I have neither given any unauthorized assistance nor violated any NCAA, SEC or TASLC guidelines relating to assisting student-athletes as articulated in the Thornton Center Tutor Guidebook.

Signature _____ Date_____

Approved: _____

Date Entered: _____

Entered by:_____

Final Approval
_____