Name____ Pay Period:_____________________ 2025

Thornton Athletics Student Life Center
STUDENT ASSISTANT TIME SHEET
BI-WEEKLY

Please indicate AM/PM

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

Name_____ Pay Period:_____ 2025

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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
_____