



MONTHLY TIMESHEET

Student ID.#	<input type="text"/>	MONTH & YEAR	<input type="text"/>
Student Name	<input type="text"/>	Department Name	<input type="text"/>
College	<input type="text"/>	Major	<input type="text"/>

Date & Day <small>(Please check the box of working date & write the day next to the date)</small>	Working Hours			Student Signature	Person-In-Charge Signature
	From	To	Total/Day		
<input type="checkbox"/> 1					
<input type="checkbox"/> 2					
<input type="checkbox"/> 3					
<input type="checkbox"/> 4					
<input type="checkbox"/> 5					
<input type="checkbox"/> 6					
<input type="checkbox"/> 7					
<input type="checkbox"/> 8					
<input type="checkbox"/> 9					
<input type="checkbox"/> 10					
<input type="checkbox"/> 11					
<input type="checkbox"/> 12					
<input type="checkbox"/> 13					
<input type="checkbox"/> 14					
<input type="checkbox"/> 15					
<input type="checkbox"/> 16					
<input type="checkbox"/> 17					
<input type="checkbox"/> 18					
<input type="checkbox"/> 19					
<input type="checkbox"/> 20					
<input type="checkbox"/> 21					
<input type="checkbox"/> 22					
<input type="checkbox"/> 23					
<input type="checkbox"/> 24					
<input type="checkbox"/> 25					
<input type="checkbox"/> 26					
<input type="checkbox"/> 27					
<input type="checkbox"/> 28					
<input type="checkbox"/> 29					
<input type="checkbox"/> 30					
<input type="checkbox"/> 31					
Total Hours				Total Payment SAR	

Department Head:	<input type="text"/>	Date :	<input type="text"/>
Signature:	<input type="text"/>		

Student Affairs			
Student Career Advisor:	<input type="text"/>	Date :	<input type="text"/>
Signature:	<input type="text"/>		

Dean of Student Affairs			
Dean, Omar J. El-Moussa	<input type="text"/>	Signature:	<input type="text"/>