

RPM BIWEEKLY TIMESHEET

Mentor Name _____ Mentor ID _____ Signature of Mentor _____ *Signatures verify that this record is accurate.

Week of Saturday, ____/____/____ to Friday, ____/____/____

Total Office		Total Workshop		Total One-on-One		TOTAL HOURS	
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Week of Saturday, ____/____/____ to Friday, ____/____/____

Total Office		Total Workshop		Total One-on-One		TOTAL HOURS	
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TOTAL HOURS	
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Office Hours

Date	Student Name	Student ID	Course and Course #
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*Please use *Extra RPM Timesheet* for additional names.

Date	/ /	/ /	/ /	/ /	/ /	/ /
# of Hours						

Payroll Approval

