STUDENT ACADEMIC SERVICES BI-WEEKLY TUTOR SESSION REPORT FORM

To The Peer Tutor: For the purpose of effective advising, we require a summary of your tutoring interactions with the student named below. This form may be used for one or more sessions, and it must be presented to Student Academic Services by the time/dates listed on the reverse side of this report. Thank you for your cooperation.

Name of Peer Lutor					
	Name of Tutee	CI	ass Year		
	Course (Ex. CH115)	Professor			
Date	Session Comments: Indicate academic support does the student understand the material, was time/prepared, any additional support recor	s the student on	Start Time – End Time	Total Hours	
INDIVIDUAL SESSIONS CAN BE NO LONGER THAN 2 HOURS TOTAL WEEKLY HOURS PER TUTEE NOT TO EXCEED THE NUMBER OF CREDIT HOURS OF THE COURSE					
			TOTAL HOURS		
Note: .25 = 15 minutes; .50 = 30 minutes; .75 = 45 minutes; 1.00 = 1 hour					
Tutor Signature (Required for		ed for payment)			
	Tutee Signature	(Requir	ed for payment)		

Payment is contingent on submission of this form AND entering your hours in TimesheetX.

Spring 2016 Student Employment

Pay Period Start and End Dates

PAY-PERIOD	PAY-PERIOD	PAYMENT	
START DATE	END DATE	DATE	
January 25, 2016	January 29, 2016	February 5, 2016	
January 30, 2016	February 12, 2016	February 19, 2016	
February 13, 2016	February 26, 2016	March 4, 2016	
February 27, 2016	March 11, 2016	March 18, 2016	
March 12, 2016	March 25, 2016	April 1, 2016	
March 26, 2016	April 8, 2016	April 15, 2016	
April 9, 2016	April 22, 2016	April 29, 2016	
April 23, 2016	May 6, 2016	May 13, 2016	
May 7, 2016	May 13, 2106	May 27, 2016	