

Tutor Name: _____

Duke UNIQUE ID: _____

Please return form **EACH WEEK** to:
Julie Vandiver
228 Krzyzewski Center
919-681-7355

Duke University Athletics Tutoring Time Sheet



Student Name (List <i>all</i> names on one line if group session)	Sport	Course	Student Signature	Date	Start- End Time	Session Type 1:1/1:2/ Group	Hours	Report Complete	Staff Approved

(Internal Use) Total Hours for Week: _____
Staff Initials _____

Student Status (check one):
 Graduate NA
 Undergraduate

Employment Status (check one):
 Employee of _____ Dept.
 Staff Payroll (Monthly)
 Part-Time Payroll (Bi-Weekly)
 Paypoint

Student AND Tutor Signatures assume the following: We understand that in the course of tutoring, no work has been completed for the students which is his/her responsibility, including answering examination questions; writing or revising term papers; completing class assignments, art projects, laboratory experiments, or computer programs; or any other work for which the student receives grades. We also understand that we are required to keep all matters pertaining to any session strictly confidential.

Tutor Signature