

Bi-Weekly Report

Bi Weekly Reports are due on Monday by 8 AM before a Board of Directors Meeting.

Name:	Position:
For Work Completed Between:	and
I. Specific Duties	
The state of the s	with at least a paragraph each. Your Direct Report will be verifyin surer and provide feedback on your next one-on-one meeting.
1. How have you completed your	specific duties during this period in relation to the ASI policy?
2. Did you accomplish any goals se	et in the prior period? If so, how?
3. What are your goals for the nex	t bi-weekly period?

II. Attendance

ASI Internal Committee Attendance is tracked via the roll call taken at the beginning of
each meeting. If you are tardy or leaving early, it is your responsibility to notify the
recording secretary so that your attendance is recorded. If you will be absent, it is your
responsibility to notify the designated chairperson of that committee no later than 24
hours in advance.

If you have missed any ASI Internal Committee meetings this period, please list them below and state the reason for your absence.

Missed Committee Meeting	Date of Meeting	Reason

2. Academic Senate, University-wide and College Specific Committee Attendance is tracked via the committee reports that are submitted to the ASI Vice President of Academic Governance. Committee reports are due by the following Sunday after the committee meets and count towards your attendance.

If you have missed any Academic Senate, University-wide or College Specific Committee meetings this period, please list them below and state the reason for your absence.

Missed Committee Meeting	Date of Meeting	Reason

III. Office Hours

Office Hours will be tracked and verified at the front desk of the ASI office. You must sign-in and sign-out by notifying the front desk staff and initialing the entry. If you have not completed your office hours, please explain below:

IV. Service

Service hours are ASI events, activities, or any other collaborations you have taken part of as a student representative that do not fall under your position duties or appointed/assigned committees. Please list service activities below.

Date (Month, Day, Year)	Description of Activities	Time (Start-End)	Duration (Hrs)	Secretary Treasurer/ Direct Report APPROVAL	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
	Total Hours for Service Hours:				
	Total Hours Incomplete:				

ASI Secretary Treasurer ONLY:		
*METHOD OF TRACKING		

Authorized Signatures	Signature for Approval	Date of Signature
Direct Report		
Secretary/Treasurer		
ASI President		