



Student Time Sheet

Note: Please turn time sheet in to OCCI with all other materials by the end of the first week following completion of the externship.

Name _____ Placement Site _____

HOURS WORKED FOR WEEK STARTING (Use Monday's date)

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total												

TOTAL HOURS WORKED _____

The hours above are correct to the best of my knowledge.

SUPERVISOR SIGNATURE _____