

Externship Time Log

DATE	START TIME	END TIME	LOCATION SITE	TYPE OF WORK	TIME LOGGED
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
				WEEK'S TOTAL HOURS	_____

DATE	START TIME	END TIME	LOCATION SITE	TYPE OF WORK	TIME LOGGED
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
			ON/OFF		
				WEEK'S TOTAL HOURS	_____
				TOTAL CUMULATIVE HOURS FOR THE TERM	_____

Supervisor's Signature approving hours _____