



Bi-Weekly Time Sheet

(Please FAX to # 203-803-4800 or scan to kschwabe@aihtedu.com)

STUDENT NAME _____ DATE _____

CLINICAL SITE PRECEPTOR _____

<u>WEEK 1</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>HRS.</u>
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

TOTAL HOURS FOR THE WEEK _____

<u>WEEK 2</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>HRS.</u>
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

TOTAL HOURS FOR THE WEEK _____

Student Signature Date

Supervisor Signature Date

*****FOR SCHOOL ADMINISTRATION ONLY*****

Verified by _____

Bi-Weekly Total Hours _____