

# Student Hours Report



Supervisor, please sign this form to verify the information below.

This form must be turned in weekly by students.  
Thank You.

	SUN	MON	TUE	WED	THU	FRI	SAT
<b>DATE</b>							
<b>Time In</b>							
<b>Time Out</b>							
<b>Total Hours</b>							

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
CTC Program

\_\_\_\_\_  
Work Site

\_\_\_\_\_  
Supervisor's Signature