

Internship Timesheet PPSC Veterinary Technology

Student Name: Facility Name: Facility Address:				Fac	Facility Phone:			
<u>Date</u>	<u>Clock-In</u>	<u>Clock-Out</u>	<u>Total</u>	<u>Date</u>	<u>Clock-In</u>	<u>Clock-out</u>	<u>Total</u>	
Total Clocke	ed Hours:							
Student Signature:					Date:			
Proctor Signature:				Dat	Date:			
Instructor Signature:				Dat	Date:			