



Documentation of Hours Worked

February 2019

DUE DATE: 3/15/2019



Name: _____ Placement Site: _____

Mentor: _____

HOURS MUST BE RECORDED DAILY AND SUPERVISOR/MENTOR SIGN DAILY. FALSIFYING RECORDS WILL RESULT IN DISMISSAL FROM THE PROGRAM. PLEASE BE ON TIME AND IN ATTENDANCE DAILY. PLEASE NOTIFY WBL COORDINATOR OF ANY ABSENCES.

Date	Day	Time In	Time Out	Hrs. per Day	Notes
02/01/2019	F				
02/02/2019	Sat				
02/03/2019	Sun				
02/04/2019	M				
02/05/2019	T				
02/06/2019	W				
02/07/2019	TH				
02/08/2019	F				
02/09/2019	Sat				
02/10/2019	Sun				
02/11/2019	M				
02/12/2019	T				
02/13/2019	W				
02/14/2019	TH				
02/15/2019	F				
02/16/2019	Sat				
02/17/2019	Sun				
02/18/2019	M				
02/19/2019	T				
02/20/2019	W				
02/21/2019	TH				
02/22/2019	F				
02/23/2019	Sat				
02/24/2019	Sun				
02/25/2019	M				
02/26/2019	T				
02/27/2019	W				
02/28/2019	TH				
Total Hours					

(Failure to total your hours will result in a loss of 10 points)

Please print first & last names for all mentors' signatures above:

I certify the report above is a correct reflection of hours performed.

Student/Intern Signature

Mentor/Supervisor Signature