

EXTERNSHIP TIME SHEET

METROWEST HEALTHCARE ACADEMY
 All externship logs are to be faxed to Career Services weekly
 Any undocumented hours will not be counted.
 Fax #: 508-463-0576

STUDENT NAME:	PROGRAM:
DATE:	WEEK COMPLETED:
SITE NAME:	SITE SUPERVISOR:

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
WEEKLY TOTALS:					

STUDENT SIGNATURE:	DATE:
SITE SUPERVISOR SIGNATURE:	DATE: