

T7/T8 Intern Monthly Timesheet

Month and Year _____ Doctor Name: _____ Student Name: _____

Week 1

	Date	Time In	Time Out	Time In	Time Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Weekly Clinic Hours						

Week 2

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Weekly Clinic Hours						

Week 3

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Weekly Clinic Hours						

Week 4

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Weekly Clinic Hours						

Week 5

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Weekly Clinic Hours						

MONTHLY TOTALS:

Clinic Hours _____
TAC Hours Used: + _____
Total Monthly Hours = _____

My signature validates the information provided on this form to be accurate and truthful.

Intern Signature: _____ **Doctor Signature:** _____