

T9 Intern Monthly Timesheet

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

Week 1

	Date	Time In	Time Out	Time In	Time Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Case Study Hour(s) completed during this week				Total Weekly Clinic Hours		

Week 2

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Case Study Hour(s) completed during this week				Total Weekly Clinic Hours		

Week 3

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Case Study Hour(s) completed during this week				Total Weekly Clinic Hours		

Week 4

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Case Study Hour(s) completed during this week				Total Weekly Clinic Hours		

Week 5

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Case Study Hour(s) completed during this week				Total Weekly Clinic Hours		

MONTHLY TOTALS:

Case Studies 2

Clinic Internship 4

Case Study Hours _____
completed for the month

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

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

Intern Signature: _____ Doctor Signature: _____