Internship V/VI (T10) Monthly Time Sheet/Service Report

Month and Year:_____ Intern Name: _____
(Print)

Instructions:

1. Enter the month/date of the day worked under DATE.
2. Enter the time of day at the beginning of your shift worked, beginning and ending times of any break periods taken, and time of day at the end of your shift worked.
3. Enter total hours worked each day in the form of fractions or decimals under TOTAL HOURS.
4. Record vacation **AND** sick days as TAC hours. You are allotted no more than 30 hours of TAC for T10.
5. Please do not record time in **less than** quarter hour increments.
6. Record your number of adjustments daily in the adjustments column.
7. Have your preceptor initial your timesheet daily. Your preceptor will also need to sign the timesheet at the end of the month.
8. Sign the timesheet at the end of the month and fax to the Clinical Education Office at 952-886-7593 on the last day of the month.

DC's initials	Date	Time In	Time Out	Time In	Time Out	TOTAL HOURS	# of Adjustments

_____ Regular Hours _____Pt Visits

Extern Signature _____ TAC Hours

Preceptor Signature Total Hours

Return to Clinical Education, NWHSU, 2501 W. 84th St., Bloomington, MN 55431
Phone: 952-888-4777; Fax: 952-886-7593