

OROVILLE UNION HIGH SCHOOL DISTRICT

STUDENT TIME SHEET

STUDENT NAME: \_\_\_\_\_

TRAINING SITE: \_\_\_\_\_

CLASS: \_\_\_\_\_

ATTENDANCE PERIOD FROM: \_\_\_\_\_

TO: \_\_\_\_\_

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME

TOTAL HOURS WORKED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of On-Site Supervisor

\_\_\_\_\_  
Date

**RETURN TO INSTRUCTOR BY:** \_\_\_\_\_

Required by Title 5, Administration Code Section 10080 & Education Code 52372.1