

◆ Sacramento City College ◆
Physical Therapist Assistant Program
PTA 122 Time sheet for recording clinical affiliation hours

Student name: _____ Dates of affiliation (month, day, year) From: _____ To: _____

Name of facility: _____ Name of clinical instructor: _____

Indicate the calendar date and hours in attendance for each scheduled day of the affiliation. If you were absent on a scheduled day, please indicate.

Day	Week 1		Week 2		Week 3	
	Date	Hours	Date	Hours	Date	Hours
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Weekly Total						
CI Signature						
Student Signature:						

“I confirm that the above time sheet accurately reflects attendance and any absences during this clinical affiliation.”