

◆ Sacramento City College ◆
Physical Therapist Assistant Program

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		Week 4		Week 5		Week 6		Week 7	
	Date	Hours												
Sun														
Mon														
Tues														
Wed														
Thur														
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.”