**DAILY ATTENDANCE AND ACCOMPLISHMENT FORM**

(Please keep one copy of this form and give one to the Company to serve as a sign-in sheet to document your Practicum/Internship hours. Give a copy of the completed time sheet to your SIPP Adviser every month.)

Student’s Name:

Practicum/Internship Site:

For the Period

Beginning date To Ending date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Arrival  Time | Departure Time | Accomplishment/s | Total  Hours | Verified By |
| 02/03/2025 | 7:17am | 5:01pm |  | 8 |  |
| 02/04/2025 | 8:02am | 5:05pm |  | 8 |  |
| 02/05/2025 | 7:52am | 5:03pm |  | 8 |  |
| 02/06/2025 | 8:19am | 5:03pm |  | 8 |  |
| 02/07/2025 | 8:21am | 5:04pm |  | 8 |  |
| 02/10/2025 | 8:02am | 5:04pm |  | 8 |  |
| 02/11/2025 | 8:03am | 5:04pm |  | 8 |  |
| 02/12/2025 | 8:13am | 5:03pm |  | 8 |  |
| 02/13/2025 | 8:02am | 5:03pm |  | 8 |  |
| 02/14/2025 | 8:03am | 5:03pm |  | 8 |  |
| 02/17/2025 | 7:59am | 5:08pm |  | 8 |  |
| 02/18/2025 | 8:03am | 5:01pm |  | 8 |  |
| 02/19/2025 | 7:50am | 5:03pm |  | 8 |  |
| 02/20/2025 | 7:52am | 5:03pm |  | 8 |  |
| 02/21/2025 | 8:03am | 5:02pm |  | 8 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Hours: |  | | |  |  |

Company Supervisor:

Name & Signature Date

Student Intern:

Name & Signature Date