



DAILY TIME RECORD

Last Name		First Name		MI
STI Campus		Program	Year Level	Section
Host Company		Department Assigned to		
OJT Supervisor	Designation	Schedule	OJT Period	

Week No.	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total No. of Hours per Week
	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	
Date													
1													
Date													
2													
Date													
3													
Date													
4													
Date													
5													
Date													
6													
Date													
7													
Date													
8													
Date													
9													
Date													
10													
Total													

Reviewed by:

Date

OJT Supervisor's Signature