



PRACTIPRO

Online Practicum Submission Platform

practiprosuperadmin@gcpractipro.online ✦

+63927-945-6060 ✦

Daily Time Record

Date Covered:

From: _____ To: _____

Name: _____ Program/Yr: _____

OJT Site: _____ Week #: _____

| DATE | ARRIVAL TIME | DEPARTURE TIME | TOTAL HOURS | VERIFIED BY |
|--------------|--------------|----------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL HOURS: | | | | |

Student Trainee's Signature

Date

Company Supervisor's Signature:

Date