**DAILY TIME RECORD**

**Name of Student :**

**Year/Program :**

**HTE/Company :**

**Name of Dept. Head/Supervisor :**

**Department:**

| **DAILY TIME RECORD** | | | |
| --- | --- | --- | --- |
| **Name of Intern:** | | **Company/HTE:** | |
| **DATE** | **TIME IN** | **TIME OUT** | **TOTAL HOURS RENDERED** |
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| **TOTAL HOURS RENDERED:** | | |  |

**Total No. of Working Hours : \_\_\_\_\_\_\_\_\_\_\_\_**

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Signature over printed Name

**Student Intern**

Certified by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed Name

**Training Supervisor**