



WEEKLY TIMESHEET Occupational Skills Training

Student's name: _____ Training Site: _____

Week of: _____ to: _____
Month/Day/Year Month/Day/Year

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours at training site							
Hours in class (Includes Homework)							
Total hours							

Total hours in training: _____ Total hours in class: _____ Grand total: _____

Hours absent from training site and/or class. _____

If absent, the reason for your absence _____

Training Activities and Skills

Please summarize the skills you have been working on this week.

Describe your progress in training: _____ Satisfactory _____ Unsatisfactory

If unsatisfactory, why?

Do you need to see your PCC supervisor? Yes _____ No _____

Do you need to see your vocational consultant? Yes _____ No _____

Signature _____

Date: _____

Occupational Skills Training
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