



## 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.

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Describe your progress in training: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

If unsatisfactory, why?

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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  
Phone: 971-722-6127

2305 SE 82<sup>nd</sup> Ave  
Mt Tabor Hall 128  
Portland, OR 97216

Submit your time sheets weekly to: [ost@pcc.edu](mailto:ost@pcc.edu)