



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
Phone: 971-722-6127

2305 SE 82nd Ave
Mt Tabor Hall 128
Portland, OR 97216

Submit your time sheets weekly to: ost@pcc.edu