



RTE Time Sheet

Student Name: _____

Agency Name: _____

Weeks # _____

List dates beginning with the Sunday of the week regardless of start date.

	Date	Time In	Time Out	# of Hours For Day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
	Total hours for the week			

	Date	Time In	Time Out	# of Hours For Day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
	Total hours for the week			

Student's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____