



DAILY TIME RECORD

Last Name		First Name				MI
STI Campus		Program		Year Level		Section
Host Company		Department Assigned to:				
OJT Supervisor	Designation		OJT Schedule		OJT Period	

WEEK NO	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		Total No of Hours per Week
	Time-in	Time-out	Time-in	Time-out	Time-in	Time-out	Time-in	Time-out	Time-in	Time-out	Time-in	Time-out	Time-in	Time-out	
Date	Jan. 01, 2013		Jan. 02, 2013		1/3/2013		1/4/2013		1/5/2013						40
1	8:00 a.m	5:00 p.m	8:00 a.m	5:00 p.m	8:00 a.m	5:00 p.m	8:00 a.m	5:00 p.m	8:00 a.m	5:00 p.m	
Date															
2															
Date															
3															
Date															
4															
Date															
5															
Date															
6															
Date															
7															
Date															
8															
Date															
9															
Date															
10															
Date															
Total															

Reviewed by:

Date:

OJT Supervisor's Signature

Date