Toda		Today's Date:	
Reported Work Hou	ırs Guide	line	
Last Name:		First Name:	M.I.:
EMPLID:CI	ass Year:	Practice Name:	
Requirements for Submitti	ng Hours:		
<ul> <li>program.</li> <li>This form must be student mentor PRI</li> <li>This form must be corecorded hours (i.e. accepted for proof</li> <li>All end of semester accepted.</li> </ul>	signed by the OR to submit completed in punch repo of hours. forms <u>MUS</u>	e student AND the office itting this worksheet its entirety and submiti rt, hour log, timecard, e TBE sent in PDF format.	manager of the practice or the manager of the practice or the sed with official proof of tc.). <b>NO</b> paystubs will be <b>NO</b> photos of forms will be arly viewed before sending in
		Reported Hours	
Semester (Summer, Fall, Spring	)	Semester Year	Hours Logged in to Date
Fall: August to Decembe		Semester Timeline oring: January to May	Summer: May to August
Student: Please print and s	ign your nan	ne below:	
Print: Signature:			
Mentor or Office Manager	: Please print	t and sign your name be	low:
Print: Signature:			
Office Use Only:			
Date Received: Date Scanned: Initials:			

Hours reported are confirmed with timesheet: \_\_\_\_\_