# Client/Student Weekly Timesheet

Name of Program/Training Course: _____

Weekly Start Date: _____  Weekly End Date: _____

               MM/DD/YY                                 MM/DD/YY

|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|---|---|---|---|---|---|---|---|
| **Total # of Hours Worked** |  |  |  |  |  |  |  |

_____     **(Signature)**         **Date**

**Client (Print Name)**

_____     **(Signature)**         **Date**

**Instructor/Supervisor Name (Print Name)**

— — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —

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|---|---|---|---|---|---|---|---|
| **Total # of Hours Worked** |  |  |  |  |  |  |  |

_____     **(Signature)**         **Date**

**Client (Print Name)**

_____     **(Signature)**         **Date**

**Instructor/Supervisor Name (Print Name)**