Student's Time Report

Tennessee College of Applied Technology at Chattanooga State

Student's Name:									
Employer:									
Supervisor Name	e:								
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onth/Year		T				-	T		1
Week/Dates	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Total Hours	
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Weekly Total									
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are at a standard				_4_4					
ertify that the abov	e time r	eport is	a true	statem	ent and i	approv	e the n	ours worked.	
tudent Signature	-	Date							
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unervisor Signature							_		