



EXTERN TIME SHEET

STUDENT: _____

**Medical Institute
Of
Palm Beach**

STUDENT PHONE: _____

PROGRAM: _____

FACILITY NAME:	FACILITY PHONE NUMBER:
FACILITY ADDRESS:	FACILITY FAX
CITY, STATE, ZIP:	SUPERVISOR NAME & TITLE:

DATE	IN	OUT (Lunch)	IN (Lunch)	OUT	DAILY SUBTOTAL (Not Including Lunch)
WEEKLY TOTALS:					

***Lunch Breaks Will Not Be Included As Part Of Your Externship Hours.
Go To [Http://Www.Timecardcalculator.Net/](http://www.timecardcalculator.net/) To Help With Calculating Hours.***

STUDENT SIGNATURE:	DATE:
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SUPERVISOR SIGNATURE:	DATE:
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TIMESHEETS ARE DUE EVERY FRIDAY FAX (561) 964-5685

PLEASE CALL AND CONFIRM THE RECEIPT OF YOUR TIMESHEET. FAILURE TO DO SO MAY CAUSE YOU TO BE DROPPED DUE TO LACK OF HOURS.