

Attendance Record

Interns' name: _____

Training Setting: _____ Month _____

Week	Days	Clinical Department	Time in	Time out	Interns Signature	Preceptor Signature
1	Sun					
	Mon					
	Tue					
	Wed					
	Thu					
2	Sun					
	Mon					
	Tue					
	Wed					
	Thu					
3	Sun					
	Mon					
	Tue					
	Wed					
	Thu					
4	Sun					
	Mon					
	Tue					
	Wed					
	Thu					
5	Sun					
	Mon					
	Tue					
	Wed					
	Thu					

Days Absent

Sick	Excused	Unexcused	Vacation

	Department Chairman	Training, Continuing Education and Academic Affair of the hospital	Stamp
Name:			
Signature:			
Date:			

