Chiang Kai Shek College

Daily Time Record Form

Company	
Department	
Address	
Telephone Number	
Name of Student	
Position of Student in the Company	
Job Description of the Student	
Hours Completed	

Date	Time In	Time Out	Number of Hours	Signature OF SUPERVISOR
		TOTAL # OF HOURS		

Signature of Supervisor (over Printed Name) : _____

Title/ Position of Supervisor : _____

Date : _____