GULF COAST Workforce Board

EDUCATOR TIME LOG

Extern Name: _____

Host Site: _____

Dates of Externship: _____

Date	Time In	Time Out	# of Hours	Description of Activities *(Example: jobs shadowed, projects assisted, etc.)*
TOTAL # of HOURS				

Extern Signature _____ Date: _____

Host Site Signature _____ Date: _____

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