



COLLEGE OF LAKE COUNTY

PHLEBOTOMY CLINICAL TIME SHEET

Student Name:

Student ID Number:

Clinical Site:

Preceptor:

Date	Start Time	End Time	Lunch	Total Hrs.
WEEKLY TOTALS:				

Employee Signature:

Date:

Site Preceptor/Supervisor Signature:

Date:

CLC Phlebotomy Chair Signature:

Date:

NOTE: Time sheets should be submitted *weekly* to Angela M. Norwood, CLC Phlebotomy Chair at 33 N. Genesee Street Waukegan, IL 60085, or faxed to 847-543-3184.

Time sheets **must** have student and site preceptor/supervisor signatures before submission.