



**FANSHAWE**  
School of Nursing

**Personal Support Worker (PSW) Program**

**HLTH 3055**  
**PSW Consolidation Professional**  
**Practice**

London, St. Thomas, Woodstock, Simcoe,  
Kincardine, Clinton & Stratford Area Campuses  
*Full-Time, Part-Time, & Weekend Deliveries*

Student Name

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## Clinical Consolidation Time Sheet

(\*Minimum number of hours required is 75 hours)

Name \_\_\_\_\_

Agency \_\_\_\_\_

**Note to Students:** You:

- must identify the start and end time of each shift.
- must have registered staff initial them in at the beginning and at the end of each shift.
- must indicate total number of hours they have worked **each day**.

| Example of how to<br>complete timesheet:<br>Monday | Hours & Initial                        |
|----------------------------------------------------|----------------------------------------|
| Date: Feb 4, 2014<br>Start: 0700h<br>End: 1500h    | 8 hr<br>RR (student)<br>KR (Perceptor) |

| Wk | Mon                  | Total<br>Hrs &<br>Initial | Tue                  | Total<br>Hrs &<br>Initial | Wed                  | Total<br>Hrs &<br>Initial | Thur                 | Total<br>Hrs &<br>Initial | Fri                     | Total<br>Hrs &<br>Initial | Sat                   | Total<br>Hrs &<br>Initial | Sun                  | Total<br>Hrs &<br>Initial |
|----|----------------------|---------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|---------------------------|-------------------------|---------------------------|-----------------------|---------------------------|----------------------|---------------------------|
| 1  | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start:<br>End   |                           | Date<br>Start<br>End  |                           | Date<br>Start<br>End |                           |
| 2  | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date:<br>Start:<br>End: |                           | Date<br>Start:<br>End |                           | Date<br>Start<br>End |                           |
| 3  | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End    |                           | Date<br>Start:<br>End |                           | Date<br>Start<br>End |                           |
| 4  | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start<br>End |                           | Date<br>Start:<br>End   |                           | Date<br>Start<br>End  |                           | Date<br>Start<br>End |                           |

I, \_\_\_\_\_(Student **MUST PRINT**), certify that this record of  
\_\_\_\_\_(\*Total Hours /shifts) represents a true and accurate record of my clinical  
hours/shifts.

This includes \_\_\_\_\_ make-up shifts.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Signature & Status \_\_\_\_\_ Date \_\_\_\_\_

**Signatures for Timesheet**

| <b>Initials</b> | <b>Printed Name</b> | <b>Status</b> | <b>Signature &amp; Status</b> |
|-----------------|---------------------|---------------|-------------------------------|
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