



# SURGICAL TECHNOLOGY CLINICAL SITE VISITOR FORM

(Please submit this form along with your time sheet for each pay period)

**Employee Name:** \_\_\_\_\_

DATE OF VISIT	TIME IN	TIME OUT	DESTINATION (SITE NAME)	SITE SUPERVISOR SIGNATURE
<b>WEEK OF</b> _____				
MONDAY -				
TUESDAY -				
WEDNESDAY -				
THURSDAY -				
FRIDAY -				
<b>WEEK OF</b> _____				
MONDAY -				
TUESDAY -				
WEDNESDAY -				
THURSDAY -				
FRIDAY -				

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**PROGRAM DIRECTOR SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_