



**StarCare Specialty Health System
Monthly Student/Volunteer Timesheet**

Name: _____ Type: (Check one)

Work Site: _____ RU#: _____ Community

Supervisor: _____ Practicum

Month: _____ Year: _____ Internship

Total # of Hours this Month: _____

Please complete this timesheet and return to Brandi Ivey via email to bivey@starcarelubbock.org or text to 806-239-0159 by the 3rd of each month.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Student Signature

Supervisor's Signature