

Name _____
Class _____

Tech Hours

Fill out this form and have it signed each time you work in the theatre.

It is your job to keep track of your hours.

You will not be given credit for hours not recorded and verified.

Date	Production Name	Production Location	Job(s) Completed	Start Time	End Time	Total Hours	Supervisor's Name	Supervisor's Signature	Supervisor's Contact Information

Total Hours Worked _____