



## CENTER FOR LINKAGES AND PLACEMENT

## TALLY SHEET OF ACQUIRED ADDITIONAL TRAINING HOURS

<b>Name:</b>	<b>Program:</b>
<b>College/Yr/Section:</b>	<b>Required Training hours for the Program:</b>

**INSTRUCTIONS:**

The total number of accredited training hours listed in this form must match the required training hours for the program. For each flexible learning modality indicated, a corresponding proof of completion or participation must be attached (e.g., certificate, documentation, or proof of submission). All entries must include the specific title or description of the activity, the inclusive dates, and the actual number of hours earned.

<b>Flexible Learning Modalities</b>	<b>Particulars*</b>	<b>Inclusive Dates*</b>	<b>No. of Hours*</b>
Deployment in HTE – Face-to-Face: <i>(Attached: Certificate of Completion)</i>	(Write the Training Company/s Name)		
Deployment in HTE – Online/Hybrid: <i>(Attached: Certificate of Completion)</i>	(Write the Training Company/s Name)		
Webinar/Training/ Workshop/Certification/ Event with certificate <i>(Attached: Certificates)</i>	(Write Title/s) 1. <i>CLP Internship Orientation</i> 2.	July 31, 2025	4 hours
Project-based Proposal/ Plan and/or Project Implementation <i>(Attached: Proof of submission of project)</i>	(Write Title/s)		
Research-based Paper/ Publication/Presentation/ Talk/Lecture <i>(Attached: Proof of submission of research)</i>	(Write Title/s)		
Other Alternative Modalities <i>(Attached: Documentation as proof of completion)</i>			
<b>Total Number of Accredited Training Hours</b>			

**IMPORTANT:**

This form must be properly accomplished and signed by the student-intern, and certified correct by the designated internship adviser or coordinator.

**Prepared By:****Certified Correct By:****Date Signed:**\_\_\_\_\_  
(Signature over Printed Name of Trainee)\_\_\_\_\_  
(Signature over Printed Name of Internship Adviser/Coordinator)



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**Certificates/Proof of Attendance/Documentation**

PHOTO/CERTIFICATE 1

PHOTO/CERTIFICATE 2