



Name _____

Month _____

Employer _____

School _____

Date	Day of Week (M, Tu, W, Th, F)	Time In	Time Out	Hours Worked	Description of Duties
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					
31					
Total Hours for Month:					

To be signed and submitted to your work experience coordinator on the first school day after the end of each month.
Hours must be in a minimum of ¼ hours (15 minutes).

Supervisor's Signature: _____

Student Signature: _____