

Work Experience Time Sheet

Name: _____
Last Name
First Name
Middle Initial

Employer: _____ Supervisor: _____

All students are required to submit their Work Experience Education worksite hours during the weekly classroom meeting. This time sheet must be signed by the employer to verify work attendance.

	Date	Start Time	End Time	Start Time	End Time	Daily Total
Saturday	_ / _					
Sunday	_ / _					
Monday	_ / _					
Tuesday	_ / _					
Wednesday	_ / _					
Thursday	_ / _					
Friday	_ / _					
Week Total						

I certify that the work hours indicated above are true, accurate, and were in fact worked in the period reflected.

Student Signature Date Supervisor Signature Date