









WORK-BASED LEARNING EXPERIENCE STUDENT TIME SHEET

Quarter ☐ Summer ☐ Fall ☐ Winter ☐ Spring		Month	Year 20
Student	Student ID #		
Field Site Supervisor	Field	l Site	
Field Site Phone Student's Job Title _			
WEEK OF	WEEKLY TOTAL HOURS	WEEKLY SU	MMARY OF DUTIES
1 WEEKTO			
M T W TH F SAT SUN			
2 WEEK TO			
M T W TH F SAT SUN			
3 WEEKTO			
M T W TH F SAT SUN			
4 WEEKTO			
M T W TH F SAT SUN			
5 WEEKTO			
M T W TH F SAT SUN			
6 WEEKTO			
M T W TH F SAT SUN			

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7 WEEK TO				
WLLK 10				
8 WEEK TO				
WEEK				
M T W TH F SAT SUN				
9 WEEK TO				
M IT W ITH IF ISAT ISUN				
10 WEEK TO				
M T W TH F SAT SUN				
11 WEEK TO				
M T W TH F SAT SUN				
12 WEEKTO				
M T W TH F SAT SUN TOTAL HOURS:				
I hereby certify these hours to be an honest account of my work experience. I understand that any falsification of this record will result in my losing credit for this course.				
STUDENT SIGNATURE DATE				
Field Site Supervisor Comments:				
FIELD SITE SUPERVISOR SIGNATURE DATE	_			

Original: Instructor / Copies: Student, Work Site Supervisor Revised: 10/01/03