

Work Experience Weekly Log Sheet

STUDENT NAME: _____ WEEKLY LOG # _____

SUPERVISOR'S NAME: _____ WEEK OF: _____

DAY/DATE **HOURS WORKED (Be Specific and Exact)** **TOTAL HOURS**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Start	Finish	
TOTAL HOURS THIS WEEK		
# OF DAYS ABSENT THIS WEEK		

LIST ROUTINE/NEW TASKS PERFORMED THIS WEEK

Observe

Assist

Perform

SUPERVISOR'S SIGNATURE (for verification of hours): _____

SUPERVISOR'S COMMENTS: _____

Do not sign unless you have verified the above information

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information should be kept confidential and shared appropriately and with consent.