Work Experience Weekly Log Sheet

STUDENT NAME: _____ WEEKLY LOG #

SUPERVISOR'S NAME: _____ WEEK OF: _____

DAY/DATE	HOURS WORKED (Be Specific and Exact)		TOTAL HOURS
	Start	Finish	
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
		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: _____

_____

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