

MONTHLY WORK EXPERIENCE TIME SHEET VERIFICATION

All Time Sheets are Due to Instructor by Finals Week

Student Name: _____ ID# _____

Company Name: _____

Student Job Title: _____

Name of Work Site Supervisor: _____ Job Title: _____

Work Site Supervisor Phone #: _____ Work Site Supervisor Email: _____

Month of _____ 20_____

Date	# of Hours Worked	Activities	Supervisor Initials
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			
		<u>Total Hours worked for the Month</u>	

By signing below, the Supervisor verifies and attests that the student worked the hours stated above.

Work Site Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

For your Reference

<u>1 unit</u>	<u>2 units</u>	<u>3 units</u>	<u>4 units</u>
60 non-paid or 75 paid	120 non-paid or 150 paid	180 non-paid or 225 paid	240 non-paid or 300 paid