MONTHLY WORK EXPERIENCE TIME SHEET VERIFICATION

All Time Sheets are Due to Instructor by Finals Week

					ID#			
Student .	Joh Title							
Student Job Title:				Job Title:				
Work Site Supervisor Phone #:				Job Title: Work Site Supervisor Email:				
Month of	·		20_					
Date	# of Hours			Activities			Supe	ervisor tials
1	Worked						+ ""	liais
2							+	
3								
4							+	
5							+	
6								
7								
8								
9								
10								
11								
12								
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18								
19								
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21								
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24								
25								
26								
27								
28								
29								
30								
31								
		Total Hours w	orked for the	<u>Month</u>				_
3y signi	ng below, th	e Supervisor ve	erifies and atte	ests that the student wo	orked the hours sta	ited abov	e.	
Work Site Supervisor Signature:				Date:		r	D . C	
Student Signature:				Date:		For your Reference		
2.33311	Jigilataio.	-		Date.	1 u		3 units 180 non-paid	4 units 240 non-paid