

MONTHLY WORK EXPERIENCE (WE)/INTERNSHIP TIME SHEET VERIFICATION

Please note: Hours must be reported in quarter increments. Example: 3.25, 4.5, 5.75 or a whole number

Student Name: _____ ID# _____

WE/Internship Site Name: _____

Student Job Title: _____

Name of Supervisor: _____ Job Title: _____

Supervisor Phone #: _____ Supervisor Email: _____

Month: _____ Year: _____

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.

Student Signature: _____ Date: _____

WE/Internship Supervisor Signature: _____ Date: _____

For your Reference

1-unit: 54-107 hours
2-units: 108-161 hours
3-units: 162-215 hours
4-units: 216 - 269 hours