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: _ WE/Internship Site Name: Student Job Title: ____ Job Title: ____ Name of Supervisor: __ Supervisor Email: Supervisor Phone #: Month: # of Hours Date Supervisor . Initials Worked 1 2 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 **Total Hours worked for the Month** By signing below, the Supervisor verifies and attests that the student worked the hours stated above. Student Signature: Date: For your Reference WE/Internship Supervisor Signature: Date: 2 units 3 units 60 non-paid 120 non-paid 180 non-paid 240 non-paid

or 150 paid

or 225 paid

or 300 paid