

# Work Experience Weekly Time Sheet

## Concord High School Work Experience Program

Student's Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Week Starting on: \_\_\_\_\_

Day	Date	Time in	Time Out	Daily Total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
<b>Weekly Total</b>				

I certify that the work hours indicated above are true, accurate, and were in fact worked in the period reflected.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_