Student Monthly Time Sheet

Student's Name: ____________________ **Employer**: _____________________ **Month**: ________________

Date	Day	Time In	Time Out	Hours	Tasks Performed
			TOTAL		

Supervisor's Comments: ____

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Supervisor's Signature: ______________________________ Date: ___________________________

Student's Signature: _______________________________

This form must be returned to the school's Work Experience Coordinator as soon as possible after the end of each month.