



Semester

WORK Instructor

Company and Location

Student Name

INSTRUCTIONS: Your immediate supervisor must verify the total number of hours worked for each week of the semester. No credit will be given for the course without the verification. *Time sheet must be turned in on due date. You can write hours in past due date if know in.

WEEK ONE		
DAY	DATE	HOURS
MON	6/9	
TUE	6/10	
WED	6/11	
THU	6/12	
FRI	6/13	
SAT	6/14	
SUN	6/15	
WEEKLY TOTALS		

WEEK TWO		
DAY	DATE	HOURS
MON	6/16	
TUE	6/17	
WED	6/18	
THU	6/19	
FRI	6/20	
SAT	6/21	
SUN	6/22	
WEEKLY TOTALS		

WEEK THREE		
DAY	DATE	HOURS
MON	6/23	
TUE	6/24	
WED	6/25	
THU	6/26	
FRI	6/27	
SAT	6/28	
SUN	6/29	
WEEKLY TOTALS		

WEEK FOUR		
DAY	DATE	HOURS
MON	6/30	
TUE	7/1	
WED	7/2	
THU	7/3	
FRI	7/4	
SAT	7/5	
SUN	7/6	
WEEKLY TOTALS		

WEEK FIVE		
DAY	DATE	HOURS
MON	7/7	
TUE	7/8	
WED	7/9	
THU	7/10	
FRI	7/11	
SAT	7/12	
SUN	7/13	
WEEKLY TOTALS		

WEEK SIX		
DAY	DATE	HOURS
MON	7/14	
TUE	7/15	
WED	7/16	
THU	7/17	
FRI	7/18	
SAT	7/19	
SUN	7/20	
WEEKLY TOTALS		

WEEK SEVEN		
DAY	DATE	HOURS
MON	7/21	
TUE	7/22	
WED	7/23	
THU	7/24	
FRI	7/25	
SAT	7/26	
SUN	7/27	
WEEKLY TOTALS		

WEEK EIGHT		
DAY	DATE	HOURS
MON	7/28	
TUE	7/29	
WED	7/30	
THU	7/31	
FRI	8/1	
SAT	8/2	
SUN		
WEEKLY TOTALS		

TOTAL HOURS: _____

Supervisor Signature

Supervisor Print Name