

Work-Based Learning/Youth Apprenticeship Weekly / Monthly Work Experience Report

Print clearly – ink only.

Student Name: _____ Class Period(s) _____ Mobile#: _____ Month: _____

Firm's Name: _____ Supervisor's Name _____ Business telephone _____

Day	Date	Time Started	Time Ended	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL				

Total Hours _____ (X) **Rate \$** _____ = **TOTAL EARNINGS** _____

Day	Date	Time Started	Time Ended	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL				

Total Hours _____ (X) **Rate \$** _____ = **TOTAL EARNINGS** _____

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Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL				

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Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL				

Total Hours _____ (X) **Rate \$** _____ = **TOTAL EARNINGS** _____

	Total Hours	Total Earnings
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
MONTHLY TOTALS		
List both columns		

DUE IN BY THE 5TH OF THE NEXT MONTH!