

**WORK-BASED EXPERIENCE  
MONTHLY TIME SHEET**

Month \_\_\_\_\_ Student \_\_\_\_\_

Work-Site \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

Week #	Hours of Training	Total Hours	Total Pay (If applicable)
1			
2			
3			
4			
5			

**Grand Totals:**

**HOURS:** \_\_\_\_\_

**PAY:** \_\_\_\_\_ (For paid work-based only)

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date