

# Bellerose Composite High School

49 Giroux Road St. Albert, Alberta T8N 6N4 Ph. (780) 460-8490 FAX (780) 459-0798

## Work Experience Program Time Sheet

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

Employer \_\_\_\_\_

DATE	Time In	Time Out	Hours Worked	Description of Work Activity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>Hours This Month</b>				
Previous Hours				
Total Hours This Semester				

To be signed by your employer and handed in to your Work Experience coordinator on the first school day of the following month.  
Students may FAX this time sheet to the **Work Experience Coordinator at 459-0798**

SUPERVISOR'S SIGNATURE \_\_\_\_\_