



STAR CATHOLIC OUTREACH & CHRIST THE KING WORK EXPERIENCE TIMESHEET

STUDENT NAME: _____ MONTH: _____

WORK SITE: _____

DATE	HOURS WORKED (Start/End Time and Total)	DESCRIPTION OF WORK ACTIVITY
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22		* IF, FOR ANY DATE, YOU WORKED OUTSIDE THE HOURS OF 7:00 A.M. TO 10:00 P.M. ENSURE THAT YOU INDICATE YOUR START AND FINISH TIME NEXT TO THE DATE.
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HOURS THIS MONTH		** Employers/Supervisor please sign to verify that all hours indicated and total hours are accurate **
+ PREVIOUS HOURS <i>(office only)</i>		
TOTAL HOURS THIS TERM <i>(office only)</i>		
		EMPLOYER/SUPERVISOR SIGNATURE
		STUDENT SIGNATURE

This time sheet can be dropped off at STAR Catholic Outreach, Christ The King School or emailed to dennis.dunlop@starcatholic.ab.ca