WEEKLY TIME SHEET

"WORK EXPERIENCE"

STUDENT: _____
<div style="text-align:right">Print Name</div>

EMPLOYER: _____
<div style="text-align:right">Name of Company</div>

Date Month/Day	Day	Time In	Out	Total Hours Daily	Comments
/	MONDAY				
/	TUESDAY				
/	WEDNESDAY				
/	THURSDAY				
/	FRIDAY				
/	SATURDAY				
/	SUNDAY				

TOTAL HOURS WORKED DURING WEEK = _____   Rate of Hourly Pay = _____

STUDENT'S SIGNATURE: _____   Date: _____

EMPLOYER'S SIGNATURE: _____   Date: _____

REQUIRED

W.H #592-61 (Rev. 5/99)