

WORKPLACE LEARNING EXPERIENCE
TIMESHEET 2017-2018

Student Name: _____ Contact #: _____

Mentor Name: _____ Contact #: _____

WLE Site: _____ Official Work Hours: _____am to _____pm

Be sure that your WLE Mentor has initialed this time sheet before submitting to your Advisor every Tuesday in Academic Seminar.

WLE Day	Date	Arrival Time	Departure Time	Hours Worked	Mentor's Signature	Activities
Shadow Day	Oct. 2					<i>Job Shadow Day (Specific Activities Optional)</i>
Day 1	Oct. 16					
Day 2	Oct. 23					
Day 3	Oct. 30					
Day 4	Nov. 6					
Day 5	Nov. 13					
Day 6	Nov. 27					
Day 7	Dec. 4					
Day 8	Dec. 11					
Day 9	Dec. 18					

Additional Hours Worked:

Date	Arrival Time	Departure Time	Hours Worked	Mentor's Signature	Activities