

MONTHLY TIMESHEET - DVSS

Work Experience / RAP - Education Program Time Sheet

Student Name: _____ Month/Year: _____

Employer: _____

To be signed by your employer and handed in to your school coordinator on the first school day of the following month.

DATE In	Time	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				
Total Hours This Month				
Previous Month's Hours				
Total Hours				

For employer to complete (preferably with a conversation): The student's overall performance this month was ... Excellent Very Good Satisfactory Unsatisfactory

Employer Supervisor's Signature: _____

Student's Signature: _____