

WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL)ACTIVITY REPORT

Student Name: _____ WBL Class: _____

Semester: _____

Work Start Date: _____

| | <i>example</i> | MON | TUE | WED | THUR | FRI | SAT | SUN | |
|-------------|----------------|-----|-----|-----|------|-----|-----|-----|-----------|
| Dates | 8/18/14 | | | | | | | | |
| Time | 1-4 pm | | | | | | | | |
| Total hours | 3 | | | | | | | | Row Total |

I verify this is a true and accurate account of hours worked.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

If the student's work hours will not begin until after the semester census date, a one-hour orientation may be substituted to confirm student activity.

Orientation Date: _____

Student Signature: _____ Date: _____

WBL Coordinator Signature: _____ Date: _____