

## WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) TIME REPORT

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

Class \_\_\_\_\_ Hours Required \_\_\_\_\_

Please list clock hours and sum at the end of the week; ex. 4:30pm-6:00 PM  
The supervisor's signature **must not** be dated prior to work listed on this timesheet.

Week of:	Hours								Total Hours	Supervisor's
Monday Date	Week #	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	for the Week	Initials
<i>SAMPLE May 23, 2011</i>	1			2:00-5:00		2:00-7:00			8	THD
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
<b>Total Hours:</b>										

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

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

*I approve this statement of work hours.*

Supervisor Signature \_\_\_\_\_ DATE \_\_\_\_\_