1150 Eagle Butte Road, P.O. Box 281, Dunmore, AB T0J 1A0 Ph: (403) 528-1996 Fax: (403) 528-1997 Email: ebhs@prrd.ab.ca Worked 8 or more shifts

Worked 7 or less shifts, filling in the back not required every month but must be done every 2 months (regardless)

Student did not work this month

Monthly Work Experience Time Sheet

** This monthly time sheet is to be filled in front & back by the student, then signed by the student front & back, then signed by the employer front & back and returned to the EBHS Work Experience Office.

Student:		Employer:			Month:	
Date	Weekday	Time In	Time Out	Total Hours Today	Total Hours to Date	Duties/Tasks/Activities Performed
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						
This m	nonth self-eva	luate how	vou did re	garding.		

This month self-evaluate how you did reg	garding:
1. Works all shifts	
2. Never late for work	
3. Stays on task & occupied	
4. Gives notice for wanting days off	
5. Does not use cell phone at work	

COMPLETE THIS SHEET FULLY! WITHOUT HOURS HANDED IN YOU CANNOT EARN CREDITS!!

Employer/Supervisor Signature: Student signature:	
---	--

Monthly Work Experience Reflection

Fill in this sheet properly AND FULLY!!
Handing in this page monthly, plus your hours (documented and signed) is worth 28% of your mark!!

about below: Personal management:	Thinking, planning & organizing:			
Working with others:	Managing transitions & change:			
Safety:				
Write your paragraph here:				
2. WORKPLACE SKILLS: Use the d below:	rop down menu to select a different idea each month to write about			
Knowledge:				
Skills:				
Attitudes:				
Write your paragraph here:				
Employer comment:				
. ,				
Student Signature	Employer Signature			