



Off-campus Education Student Employment Activity & Time Report

Student's Name: _____

School: _____

Employer: _____

Student's Occupation: _____

Week Beginning: _____

DATE	DAY	Major Learning / Tasks Performed	HOURS			
			IN	OUT	TOTAL	
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
Supervisor's Comments:			Total Hours for Week			
			Previous Hours Worked			
			Total Hours to Date			

Overall Performance Rating |

☐ Unsatisfactory ☐ Below Average ☐ Average ☐ Above Average ☐ Outstanding

Employer's Signature

Student's Signature

Next Week's Schedule | Please indicate date, start and end time (month/day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

