Work Experience Time Sheet

This record of your work hours will be used to verify that you have completed the total number of work hours needed for academic credit. If you prefer, you may submit copies of time cards instead of this form. (Supervisor should initial each week).

STUDENT: ___________________________    EMPLOYER: ___________________________

Total Hours to be Worked: 400    Term (Semester & Year) ___________________________

(First box is an example of how to fill in the form)

<table>
<thead>
<tr>
<th>Week Worked (Dates)</th>
<th>Time Worked Per Day</th>
<th>Total Hours Worked</th>
<th>Supervisor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUN</td>
<td>MON</td>
<td>TUES</td>
</tr>
<tr>
<td>08/21-25/09</td>
<td>0</td>
<td>7 ½</td>
<td>8</td>
</tr>
</tbody>
</table>

(continued on back)
Student should turn completed Time Sheet in to the Construction Management Office (Belk 211).

Total Hours Worked: _____________________________

I attest that the information given above is true and accurate.

_______________________________________________
Student’s Signature

Supervisor’s Signature

_______________________________________________
Date:

_______________________________________________
Date:

Revised: 5/29/12