

Los Medanos College
Work Experience Education

Time Record Summary

Student Name: _____

This time record must be filled out and signed by the student and employer. Please turn in by the due dates set by the instructor.

Indicate the number of hours worked each week in the space provided. Be sure to indicate the total hours worked during this period.

Week	Date Range	Hours Completed
<i>Example (Week 1)</i>	<i>August 22-28</i>	<i>20</i>
1		
2		
3		
4		
5		
6		
7		
8		

Total Hours: _____

I certify that the above record of time worked is true and correct.

Student's Signature

Date

Employer/Supervisor's Signature

Date