



**MONSIGNOR MCCOY HIGH SCHOOL  
 WORK EXPERIENCE HOURS AND ACTIVITY LOG SHEET  
 MONTH: \_\_\_\_\_**



STUDENT :				JOB:
COMPANY:				SUPERVISOR:
DATE	TIME IN	TIME OUT	TOTAL FOR DAY	INDICATE MAIN JOBS/ACTIVITES FOR THE WEEK
1				1. _____ 2. _____ 3. _____
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				<u>Overall Performance Rating for this Period</u> <input type="checkbox"/> Meeting with WE coordinator required <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Below Average but Improving <input type="checkbox"/> Satisfactory <input type="checkbox"/> Above Average <input type="checkbox"/> Outstanding  Supervisor's Signature _____
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL NUMBER OF HOURS FOR THE MONTH \_\_\_\_\_

Monsignor McCoy High School  
 202-8<sup>th</sup> St NE  
 Medicine Hat, AB  
 T1A 5R6  
 Phone: 403-527-8161/403-866-8161

**PLEASE RETURN TO OFF-CAMPUS OFFICE BY THE 5<sup>TH</sup> OF THE NEXT MONTH  
 THIS CAN BE FAXED TO 403-527-8209**