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				2._____
3				3._____
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				Overall Performance Rating for this Period
18				❑Meeting with WE coordinator required
19				❑Unsatisfactory
20				❑Below Average but Improving
21				❑Satisfactory
22				❑Above Average
23				❑Outstanding
24				
25				
26				Supervisor's Signature
27				
28				_____
29				
30				
31				

TOTAL NUMBER OF HOURS FOR THE MONTH _____

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

PLEASE RETURN TO OFF-CAMPUS OFFICE BY THE 5TH OF THE NEXT MONTH

THIS CAN BE FAXED TO 403-527-8209