SAN DIEGO MESA COLLEGE

San Diego Community College
Work Experience Education
Record of Work / Intern Hours

Student Name _____ **Semester** **Fall** _____ **Year** 2014
Last First M.I.

CRN _____ **Work Experience Units** _____ **Work Experience Instructor** _____

Paid Work _____ **Non-paid Work** _____ **Required Minimum Work / Intern Hours** _____

Company Information _____ _____
Name Supervisor/Mentor's Name

DIRECTIONS: 1) Fill in the beginning date for each week of the semester. 2) For each work shift, indicate the time in hours and then the minutes in quarter hour increments. Round minutes to the nearest quarter hour (Example: 4.25 hrs). Do not report the shift beginning and ending time, but the total time worked. (Example: 4.5 hrs). Complete recording your work hours prior to the second site visit. It is all right to ESTIMATE your work hours for the last two weeks of the semester. 3) Your work supervisor will sign at the bottom of the form to verify your hours. Return this form to your instructor at the second site visit or the on-campus evaluation.
Important Notes: Students may include hours worked/interned on holidays if these fall within the session beginning and ending dates. All hours worked/interned, even hours not devoted specifically to objective accomplishment can be counted. Vacation days paid by employers may not be counted.

Week		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**0**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
1. Date		8/18	8/25	9/1	9/8	9/15	9/22	9/29	10/6	10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1	12/8	12/15
2. Employment / Internship Hours	**Mon**																		
	Tue																		
	Wed																		X
	Thurs																		X
	Fri																		X
	Sat																		X
	Sun																		X
	Week Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

3. I verify that the dates and hours indicated above have been accomplished by this student:

Total Hours Worked / Interned Session: 0

Supervisor's / Mentor's Signature _____

Date _____