

San Diego Community College District
Work Experience
Cumulative Work Record

Campus: <input type="checkbox"/> City <input type="checkbox"/> Mesa <input type="checkbox"/> Miramar Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:
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COURSE INFORMATION			
Course: <input type="checkbox"/> 270 <input type="checkbox"/> 272	CRN:	# Units:	
Subject:		Assigned Instructor:	

STUDENT INFORMATION		
Last Name:	First Name:	CSID:
Phone:	Email:	

ORGANIZATION INFORMATION	
Company Name:	
Supervisors Name:	Title:
Phone:	Email

Directions:

1. Fill in the beginning date for each week of the term.
2. For each day worked, indicate the total hours worked in increments of a quarter hour. Round minutes to the nearest quarter hour (example 4 hours and 10 minutes worked = 4.25 hours.) Do not report your shift beginning and ending time, only the total hours worked.
3. Your supervisor will sign off on the bottom of this form to verify your hours.
4. Return this form to your instructor at the second visit.

Complete recording your hours prior to the second site visit. It is alright to ESTIMATE your work hours for the last few weeks for the term.

Week#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Beginning Date																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	
Week Total																	
TOTAL WORK EXPERIENCE HOURS																	

I verify that the dates and hours indicated above have been accomplished by this student:	
Supervisor's Signature:	Date: