



Summer Off-Campus Student Employment Activity & Time Report

Student's Name: _____

Occupation: _____

School: _____

Off Campus Teacher: _____

Company Name: _____

Phone: _____

Date	Day	Major Learning / Tasks Performed	Hours: <i>Indicate AM or PM</i>		
			In	Out	Total
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours for Week:					
Previous Hours Worked:					
Total Hours to Date:					

Overall Performance	Unsatisfactory	Below Average	Average	Above Average	Outstanding

Supervisor's Comments:

Employer Signature:	_____	Student Signature:	_____
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