

Work Experience Weekly Report

Student Name _____

Work Accomplished

Hours
Worked

Monday – Date:

Tuesday – Date:

Wednesday – Date:

Thursday – Date:

Friday – Date:

Saturday – Date:

Sunday – Date:

Total hours for week

Supervisor/ Service Manager Signature _____

Please print name _____

Date _____

Mail work experience weekly report to:

Cuyahoga Community College, Automotive Technology, 11000 Pleasant Valley Road, Parma, Ohio 44130

(Retain a copy for your records)

Or Fax to: 216 987-5068