

FIELD EXPERIENCE WEEKLY REPORT

Student Name _____

WORK ACCOMPLISHED

Monday	Date:		Mon. Hours
Tuesday	Date:		Tues. Hours
Wednesday	Date:		Weds. Hours
Thursday	Date:		Thurs. Hours
Friday	Date:		Fri. Hours
Saturday	Date:		Sat. Hours
Sunday	Date:		Sun. Hours

Supervisor/Service Mgr. Signature _____

Date _____

**WEEKLY HOURS
TOTAL**

Please email completed form to AutoFieldExperience@Tri-C.edu