Campus Address, State Zip Phone: Number FAX: Number

Student:	Instructor:	Week of:	
Employer:	<ul> <li>Field Experience – Paid</li> <li>On the Job Training – Unpaid</li> </ul>	Date Due:	

Student: Please complete all attendance fields, obtain supervisor's signature, and return by the due date listed to the campus student placement staff member.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								Total HRs
Number of Hours								
Start Time								
- End Time	-	-	-	-	-	-	-	

Days absent from work or school: Reason for absence:

**Employer**: Please verify the hours recorded, provide feedback on current work performance, sign and date before returning to student. Complete this section on the student's current work performance by placing a check mark in the appropriate column using the following scale: 4 - Exemplary; 3 - Satisfactory; 2 - Inconsistent; 1 - Not Yet; and provide comments when appropriate.

4	3	2	1	Work Performance Trait	4	3	2	1	Work Performance Trait
				Demonstrates positive attendance patterns					Exhibits effective communication with others
				Meets expected workplace requirements					Ability to prioritize work
				Works without prompting					Works actively to improve knowledge and skills

Comments:

I certify that the hours reported above are true and accurate.

Supervisor Signature:

Date:

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