

***Work Experience Program Name:***

Handsworth Secondary School Grade:

1044 Edgewood Road Employer:

North Vancouver, BC V7R 1Y7 Contact Number:

p 604.903.3615 f 604.903.3613 Dates (from/to):

**Student Time and Activity Log**

Please use this form to document duties you preform or observe during your work experience. Also indicate skills/equipment used or observed. \* You do not have to rewrite entries if they are repeated make note ‘routine’

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| **Date** | **# of Hours** | **General Activities** |
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| **TOTAL HOURS** |  |  |

**Student Signature Supervisor’s Signature**

**This form is to be completed after each shift and handed in at the end of your placement.**

**Please note – you may be asked to submit earlier to confirm hours worked to date!**