

## Palliser Off Campus Programs Timesheet

First and Last Name \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

School \_\_\_\_\_ Company/Organization \_\_\_\_\_

Date	Day of Week (circle)	Time In	Time Out	Hours Worked	Description of Duties
1	M T W Th F Sa S				
2	M T W Th F Sa S				
3	M T W Th F Sa S				
4	M T W Th F Sa S				
5	M T W Th F Sa S				
6	M T W Th F Sa S				
7	M T W Th F Sa S				
8	M T W Th F Sa S				
9	M T W Th F Sa S				
10	M T W Th F Sa S				
11	M T W Th F Sa S				
12	M T W Th F Sa S				
13	M T W Th F Sa S				
14	M T W Th F Sa S				
15	M T W Th F Sa S				
16	M T W Th F Sa S				
17	M T W Th F Sa S				
18	M T W Th F Sa S				
19	M T W Th F Sa S				
20	M T W Th F Sa S				
21	M T W Th F Sa S				
22	M T W Th F Sa S				
23	M T W Th F Sa S				
24	M T W Th F Sa S				
25	M T W Th F Sa S				
26	M T W Th F Sa S				
27	M T W Th F Sa S				
28	M T W Th F Sa S				
29	M T W Th F Sa S				
30	M T W Th F Sa S				
31	M T W Th F Sa S				
Total Hours for Month:					

To be signed and submitted to your work experience coordinator on the first school day after the end of each month.  
Hours must be in a minimum of ¼ hours (15 minutes).

Supervisor's Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Supervisor's Name (print) \_\_\_\_\_

Print additional time sheets at [palliseroffcampus.ca/work-experience/how-to-apply](http://palliseroffcampus.ca/work-experience/how-to-apply).