CHHS Off-Campus Education
Monthly Hours and Activity Log Sheet
for Month of _____

Student:		Position:
Company:	Supervisor:	
Previous Hours:	Hours for Month:	Total Hours Accumulated:
Off Campus Program (check one) ☐RAP ☐PFO ☐Health Services ☐Work Experience		

Date	Day of Week	Time In	Time Out	Total Hours Today	Total Hours to Date	Duties/Tasks/Activities Performed
1						
2						
3						
4						
5						
6						
7						
8						Overall Performance Rating for this 2-Week Period ☐ Unsatisfactory ☐ Below Average but Improving ☐ Satisfactory ☐ Above Average ☐ Outstanding
9						
10						
11						
12						
13						**Supervisor's Initials**_____
14						Supervisor's name_____
15						**Duties/Tasks/Activities Performed**
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						Overall Performance Rating for this 2-Week Period ☐ Unsatisfactory ☐ Below Average but Improving ☐ Satisfactory ☐ Above Average ☐ Outstanding
26						
27						
28						
29						
30						**Supervisor's Initials**_____
31						Supervisor's name_____

this form is to be done by the Student !

Please Remember:that you can only Count hours worked between 7AM and 10 PM

- ***Round hours to nearest 15 min (ie .25 of an hour)***
- ***Get an Evaluation Set done after every 125 hours you turn in.***
- ***Return to Off-Campus Education Coordinator <u>promptly</u> at the end of each month.***

This sheet Can be Faxed to 403-528-6578 but check at OC office to ensure it's receipt