



Crescent Heights High School

OFF-CAMPUS EDUCATION PROGRAM



Student Employment Activity and Weekly Time Report

Name _____ Week of _____ / _____ / _____
Day Month Year

Employer _____ Student's Occupation _____

Date	Day	Major Activities Performed	Hours Worked		
			From	To	Total
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Will you be working next week? Yes No If No, when will you resume work? _____

Supervisor's comments are essential to help the student learn about the job and recognize the employer's expectations. Please attempt to make a few comments at least once a month.	Total Hours for Week	
	Previous Week's Total hours	
	Total Accumulated Hours	

Observed Strengths: _____

Suggestions for Improvement: _____

Other Supervisor's Comments: _____

Overall Performance Rating for this Week (Mandatory weekly)

Unsatisfactory
 Below Average but Improving
 Satisfactory
 Above Average
 Outstanding

Employer's Signature

Student's Signature

Time sheets are due the following Monday of every week. They can be dropped off in the Off-Campus Coordinator's Office during school hours Monday or faxed to the school at **403-528-6578. Thank you.**