



Student Name, Student Number, Instructor's Name, Course#, Supervisor Name, Semester/Year, Compnay/Worksite, Month/Year

This agreement outlines the obligations of all work experience students regarding the submission of timesheets. Every work experience student is obliged to submit a completed and verified Work Experience Timesheet Summary Statement for each month of the semester.

Students are required to indicate the actual number of hours worked for each relevant date. Additionally, they must specify any days off taken due to sickness, vacation, or temporary layoffs.

By signing this agreement, each work experience student acknowledges their understanding of and commitment to these obligations. Additionally, I hereby certify that the number of hours listed below is correct and that the work assigned has been performed in a satisfactory manner.

Supervisor's Name: [Blank box]

Supervisor's Signature: [Blank box]

Daily Hours Worked

Table with 5 columns and 7 rows for daily hours (1-30), Total Hours, and Student Signature.