

**WSS WORK EXPERIENCE BI-
WEEKLY ACTIVITY REPORT
HAND IN EVERY TWO WEEKS**



- COMPLETE THE REPORT AT THE END OF EACH WEEK.
- MAKE SURE TO GET YOUR SPONSOR TO SIGN IT.
- DELIVER TO THE WORK EXPERIENCE TEACHER EVERY 2 WEEKS.

STUDENT: _____

PLACEMENT: _____

DAY M T W T h F S a S u	DATE DD-MMM-YYYY	HOURS START TIME – END TIME	ABSENT	
			NOTIFIED EMPLOYER	NOTIFIED MS. SCHENK
TOTAL HOURS WORKED			TOTAL DAYS MISSED	

DESCRIPTION OF WORK PERFORMED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT COMMENTS: _____

EMPLOYER COMMENTS: _____

STUDENT SIGNATURE

EMPLOYER SIGNATURE