

Performance Record (Timesheet)



Occupational Internship Program Monthly Performance Record

CWEE Office
28237 La Piedra Road
Menifee, CA 92584
(951) 672-6752

Student's Name _____

Employed By _____

Work Station Supervisor _____

Month of _____ 20_____

DUE DATE →

This timesheet is mandated by the State and must be turned in to the Faculty day of the month).

Advisor by the due date (last

DATE	IN	OUT	NO HOURS	DATE	IN	OUT	NO HOURS	
1				17				
2				18				
3				19				
4				20				
5				21				
6				22				
7				23				
8				24				
9				25				
10				26				
11				27				
12				28				
13				29				
14				30				
15				31				
16				TOTAL HOURS				

I hereby certify that the number of hours listed above is correct and that the work assigned has been performed in a satisfactory manner.

Student's Signature Date

Job Supervisor's Signature Date

Faculty Advisor's Signature Date

1. Did any problems develop on which you would like help?

2. What new jobs, assignments, or procedures did you undertake during this period? (Response required)

3. Describe what you have done toward accomplishing your objectives during this period. (Response required)

4. Other comments
