Paul Kane High School
12 Cunningham Rd
St. Albert, AB   T8N 2E9
780-459-4405 ext. 336

OFF CAMPUS Log Sheets

Name ________________________ Work Station _______________________ 20___

Month	Day	Hours Worked		Daily Total Hours	Work Activity
		Start Time	Finish Time		
			Total Hours		

This form is to be signed by the employer or your supervisor and submitted to the Work Experience Coordinator on the first school day of the following month.

EMPLOYER'S or SUPERVISOR'S SIGNATURE ____________________________