



**EVERGREEN CATHOLIC OUTREACH SCHOOL
& DISTANCE LEARNING CENTRE**

#120, 636 King St., Spruce Grove, AB T7X 4K5
780-960-0475 www.ecoutreach.ca

Work Experience / RAP / Health Services

Student Name _____ Employer _____

Week of _____ / _____ / 20____

<u>DATE</u>	<u>Start Time</u>	<u>End Time</u>	<u>Total Time Worked</u>	<u>Job Duties</u>
<u>Monday</u>				
<u>Tuesday</u>				
<u>Wednesday</u>				
<u>Thursday</u>				
<u>Friday</u>				
<u>Saturday</u>				
<u>Sunday</u>				

Total Hours Worked This Week _____

Student Signature _____ Supervisor Signature _____

Comments : (ex. Student strengths, weaknesses, areas for improvements)
