

# WECA WORK EXPERIENCE

In order to receive credit, complete this form and submit it along with copies of your timesheets/pay stubs to your counselor. The timesheets/pay stubs will be returned after your counselor verifies the hours for which you are requesting credit.

Note - 65 hours minimum required for .5 credit

Office Use Only
Timesheet Hours Verified: _____
Total Elective Credit Awarded: _____
Counselor Signature: _____
WECA School: _____

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Work Site:** \_\_\_\_\_

**Total Hours Worked:** \_\_\_\_\_

**Please summarize specific work skills that you have learned and/or mastered:**

**Supervisor Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Supervisor Telephone:** \_\_\_\_\_