

MENTEE NAME (Last, First, Middle)

- IMPORTANT:** See "NOTE" on reverse side before making any entries.

[illegible]

Week of	Date From:	Date To:	Signature & Title of Supervisor										
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DAY	A	B	30	31	32	33	34	35	38	51	52		TOTAL HOURS
MON													
TUE													
WED													
THU													
FRI													
SAT													
TOTAL HOURS													

Week of	Date From:	Date To:	Signature & Title of Supervisor										
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DAY	A	B	30	31	32	33	34	35	38	51	52		TOTAL HOURS
MON													
TUE													
WED													
THU													
FRI													
SAT													
TOTAL HOURS													

COMMENTS:

NOTE: Before verifying hours worked, you should be acquainted with Mentee's Work Process Schedule. Hours spent on duties, in school, as a supervisor, at meals, etc., DO NOT COUNT work experience or hours turned without a Mentor present. Only count time spent with mentor or time spent under mentor supervision and direction.

Hours must be logged in full or half-hour increments only (i.e., 1 or 1.5).

SIGNATURE OF SHOP FOREMAN/SERVICE MANAGER

DATE: