

Akwesasne Career & Employment Support Services

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www.acessjobs.ca

Client/Student Weekly Timesheet

Name of Pro	ogram/Trai	ning Course:	·					
Weekly Start Date: MM/DD/YY			\	Weekly End Date:				
			MM/DD/YY					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Total # of Hours Worked								
<u> </u>				(0)				
Client (Print Name)				(Signature)			Date	
Instructor/Supervisor Name (Print Name)				(Signature)			Date	
 Weekly Stai				 Weekly End Da	 te:			
MM/DD/YY				MM/DD/YY				
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Total # of Hours Worked								
Client (Print Name)				(Signature)			Date	
Instructor/Supervisor Name (Print Name)				(Signature)			Date	