Old Dominion University

Department of STEM Education and Professional Studies **Production Report**

This report is to be filled out by the student enrolled in SEPS 405 for each reporting period. It should be emailed to your instructor by the designated due date. If your work experience has not begun, you must still complete the first month's report, indicating when your experience begins (in the comments section).

Student's Name Firm Month			Student's Job Title Department Hourly Wage												
									V	Veekly l	Hours				
								Week of Month	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
First Week															
Second Week															
Third Week															
Fourth Week															
Fifth Week															
Total hours															
	<u>.</u>														
Supervisor's Signature	Total H	ours, <i>THIS</i> P	roduction Pe	eriod Cu	ımulative Tot	al Hours									
Comments by employer o	r student:														
, , ,															

E-mail form with scanned signatures or fax to Sharon Davis @ 757.683.5227.