The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Falls Community College Workforce Education MS 3240 3410 W Fort George Wright Dr Spokane WA 99224-5288

509-533-3148 FAX 509-533-4162

STUDENT

Complete prior to the end of the **2nd week** of the quarter.

EXPERIENTIAL LEARNING WORK EXPERIENCE JOB DESCRIPTION

Instructions: Complete this page with the help of your employer/supervisor prior to completing the objectives portion of the workbook. Job title Overall job description: (What is it that you are expected to do as described in broad and general terms?)			
Specific duties: (Make a list of the duties you expect to perform on a regular basis.)			
1. 2.			
3			
5			
6			
7			
8			
9			
10			
Hours to be worked per week	Rate of pay		
Signature of student	Signature of employer/supervisor		

White-Instructor/Coordinator

Pink-Employer/Supervisor

Yellow-Student