LESTER E KABACOFF SCHOOL OF HOTEL, RESTAURANT AND TOURISM ADMINISTRATION
UNIVERSITY OF NEW ORLEANS
HRT 3002 - WORK EXPERIENCE - REPORT

STUDENT NAME (Print) _____
Last First M I

STUDENT ID #_____

SEMESTER/YEAR _____

PLACE(S) OF EMPLOYMENT _____

POSITION(S): _____

Weekly/Monthly Dates	Year	Total Hours Worked	Supervisor's Initials

TOTAL HOURS WORKED THIS PAGE: _____

SUPERVISOR'S DETAILS:

_____
Name & Initials Position Organization Phone Number

_____
Name & Initials Position Organization Phone Number

_____
Name & Initials Position Organization Phone Number

Supervisor's Comments:

***See guidelines for completing**