

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. _____
4. _____
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

Yellow—Student

Pink—Employer/Supervisor