



EXPERIENTIAL LEARNING ADDITIONAL DUTIES FORM

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.

Instructions: Complete this page with the help of your employer/supervisor prior to completing the objectives portion of the workbook. Go over your current job responsibilities with your instructor and supervisor to obtain approval to use your current job.

Student _____

Employer _____

Supervisor _____

Current job responsibilities:

New responsibilities:

After you have developed your new responsibilities and reviewed them with your supervisor, submit them to your instructor for approval and then complete the learning objectives worksheets.

Student _____

Employer _____

Supervisor _____