

**SCHOOL-TO-CAREERS
WORK-BASED LEARNING
TIME SHEET**

Minimum Hours required _____

Beginning Date _____ Term - 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Student Name _____ Social Security # _____

Work Site Name _____

Address _____ City/Zip _____

Telephone _____ 2nd Telephone _____

Work Site Supervisor _____

School Supervisor _____

(Fill in the dates and daily hours worked)

SUN	MON	TUES	WEDS	THURS	FRI	SAT	GRADE

Week of _____ Career Center Initials _____ Employer Initials _____

SUN	MON	TUES	WEDS	THURS	FRI	SAT	GRADE

Week of _____ Career Center Initials _____ Employer Initials _____

SUN	MON	TUES	WEDS	THURS	FRI	SAT	GRADE

Week of _____ Career Center Initials _____ Employer Initials _____

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Week of _____ Career Center Initials _____ Employer Initials _____

SUN	MON	TUES	WEDS	THURS	FRI	SAT	GRADE

Week of _____ Career Center Initials _____ Employer Initials _____

Total Hours _____

Hourly Rate _____

Comments:

Work Site Supervisor Signature _____ Date _____

Information on this document is classified as private in accordance with Government
Records Management Act (Utah State Code 63-2-302)