

WORK-BASED EDUCATION

Attendance & Time Verification Sheet

District: _____

School Year: _____

Building: _____

Count: Fall Spring

Pupil: _____

Grade: _____

Month: _____

Instructions: Record hours worked at job site.

	Date	----- Time -----				Total Hours	Comments
		In	Out	In	Out		
M							
T							
W							
TH							
F							
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M							
T							
W							
TH							
F							
Grand Total						0.00	

I certify that this record of hours worked was recorded each day by the pupil and verified by me.

Certified Supervisor:

Title of Supervisor: