**WORK-BASED LEARNING**

# TIME SHEET

**Please Attach Check Stubs To This Sheet**

Beginning Date _____ Term _____

Student Name _____ Student # _____

Work Site Name _____

Address _____ City _____ ZIP _____

Telephone _____ 2nd Telephone _____

Work-Site Supervisor _____

School Supervisor _____ School _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
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Total Hours _____ Hourly Rate _____

Comments _____

_____

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_____

Work-Site Supervisor Signature _____ Date _____