# Work-Based Learning

**Record of Hours Worked**

**\_\_\_\_\_\_\_\_\_ School District**

Student Intern Name Year Term Period(s) Worksite

## DATE ARRIVAL TIME

**DEPARTURE TIME**

**TOTAL HOURS**

 **What did you do today? List tasks and observations.**

**Total hours and mentor signature are required before submitting to your WBL Coordinator. Total Hours**

**Mentor Signature (to verify hours)**

\_\_\_\_\_\_\_\_\_\_ School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.