# WORK-BASED LEARNING TIME SHEET

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

Beginning Date:

Term:

Student Intern Name:

Student #:

Worksite Name:

Worksite Address:

City:

Zip:

Home Phone #:

Cell #:

Work Phone #:

Worksite Mentor: WBL Coordinator:

(Fill in the dates and daily hours worked.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
| Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours |  |
| Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours |  |
| Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours |  |
| Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours |  |
| Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours | Date In Out Hours |  |

Total Hours

Hourly Rate Not Applicable

Comments

Worksite Mentor’s Signature Date

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