



BLACK GOLD REGIONAL SCHOOLS OFF-CAMPUS EDUCATION TIMESHEET

STUDENT NAME: _____ MONTH: _____

EMPLOYER: _____

| Date | Weekday M T W Th F | Time In | Time Out | Hours Worked | Description of Work Activity |
|------|-----------------------|---------|----------|--------------|------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |

| | | |
|---------------------------------------|--|--|
| (add up) HOURS THIS MONTH | | *Please sign to verify that all hours worked were satisfactorily completed. Complete checklist on last page. _____ EMPLOYER SIGNATURE |
| (add up) HOURS FROM PREVIOUS MONTH(S) | | |
| TOTAL HOURS THIS SEMESTER | | |

In the event that a student is absent on an assigned work day, please indicate the absence, and if there was proper notification given, in the comment section.

STUDENT SIGNATURE

WHITE - EMPLOYER COPY (PLEASE RETAIN FOR YOUR RECORDS)

