



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)