

Time Sheet

Student Name: _____

Month: _____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours for Month: _____

Month: _____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours for Month: _____

Month: _____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours for Month: _____

Month: _____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours for Month: _____

Month: _____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours for Month: _____

By signing below, both parties agree that the hours above have been completed. Total Hours: _____

Work Site Supervisor Signature: _____

Student Signature: _____