******Work-Based Learning: Jasper County High School**

**TIMESHEET – January, 2021**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor/Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours must be accurately recorded daily. Falsifying records will result in dismissal from the WBL program. Please be on time and in attendance daily. Please notify the WBL Coordinator AND your employer of any absences in advance.**

 *WBL Coordinator: Johnnie Sue Moore (Email: jsmoore@jasper.k12.ga.us Work: 706-468-5028 Cell: 706-318-9204)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Day | Time In | Time Out | Hours Worked | If absent, state reason |
| January 1 | Fri |  |  |  |  |
| January 2 | Sat |  |  |  |  |
| January 3 | Sun |  |  |  |  |
| January 4 | Mon |  |  |  |  |
| January 5 | Tues |  |  |  |  |
| January 6 | Wed |  |  |  |  |
| January 7 | Thu |  |  |  |  |
| January 8 | Fri |  |  |  |  |
| January 9 | Sat |  |  |  |  |
| January 10 | Sun |  |  |  |  |
| January 11 | Mon |  |  |  |  |
| January 12 | Tues |  |  |  |  |
| January 13 | Wed |  |  |  |  |
| January 14 | Thu |  |  |  |  |
| January 15 | Fri |  |  |  |  |
| January 16 | Sat |  |  |  |  |
| January 17 | Sun |  |  |  |  |
| January 18 | Mon |  |  |  |  |
| January 19 | Tues |  |  |  |  |
| January 20 | Wed |  |  |  |  |
| January 21 | Thu |  |  |  |  |
| January 22 | Fri |  |  |  |  |
| January 23 | Sat |  |  |  |  |
| January 24 | Sun |  |  |  |  |
| January 25 | Mon |  |  |  |  |
| January 26 | Tues |  |  |  |  |
| January 27 | Wed |  |  |  |  |
| January 28 | Thu |  |  |  |  |
| January 29 | Fri |  |  |  |  |
| January 30 | Sat |  |  |  |  |
| January 31 | Sun |  |  |  |  |

I certify the times reported above is a correct reflection of hours worked:

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_