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

**TIMESHEET - October 2020**

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 |
| October 1 | Thu |  |  |  |  |
| October 2 | Fri |  |  |  |  |
| October 3 | Sat |  |  |  |  |
| October 4 | Sun |  |  |  |  |
| October 5 | Mon |  |  |  |  |
| October 6 | Tues |  |  |  |  |
| October 7 | Wed |  |  |  |  |
| October 8 | Thu |  |  |  |  |
| October 9 | Fri |  |  |  |  |
| October 10 | Sat |  |  |  |  |
| October 11 | Sun |  |  |  |  |
| October 12 | Mon |  |  |  |  |
| October 13 | Tues |  |  |  |  |
| October 14 | Wed |  |  |  |  |
| October 15 | Thu |  |  |  |  |
| October 16 | Fri |  |  |  |  |
| October 17 | Sat |  |  |  |  |
| October 18 | Sun |  |  |  |  |
| October 19 | Mon |  |  |  |  |
| October 20 | Tues |  |  |  |  |
| October 21 | Wed |  |  |  |  |
| October 22 | Thu |  |  |  |  |
| October 23 | Fri |  |  |  |  |
| October 24 | Sat |  |  |  |  |
| October 25 | Sun |  |  |  |  |
| October 26 | Mon |  |  |  |  |
| October 27 | Tues |  |  |  |  |
| October 28 | Wed |  |  |  |  |
| October 29 | Thu |  |  |  |  |
| October 30 | Fri |  |  |  |  |
| October 31 | Sat |  |  |  |  |

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

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