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

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

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

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