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

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

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

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