Work Based Learning:
Pike County High School
Monthly Timesheet

Student Name: _____ Employer: _____

Mentor / Supervisor: _____ Title: _____

Hours must be accurately recorded daily. Falsifying records will result in a dismissal from the WBL program and discipline according to the Student Code of Conduct.

Date	Day of Week	Time In	Time Out	Hours Worked

Total Hours Worked: _____

I certify the times reported is correct and reflect hours worked:

Student Signature: _____ Supervisor Signature: _____