

Student Time Card for Work-Based Learning Placements
 (Each student must complete a time-card and obtain employer's signature.)

Student Name/Grade: _____

Employer Name: _____

School Name GLEN LAKE HIGH SCHOOL

Day of Week	Date	Time In	Time Out		Time In	Time Out	Total Hrs Per Day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday (If applicable)							
Sunday (If applicable)							

Day of Week	Date	Time In	Time Out		Time In	Time Out	Total Hrs Per Day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday (If applicable)							
Sunday (If applicable)							

Student Signature _____ Date _____

Employer Signature _____ Date _____

Student: In this space list the date(s) you were absent for the week and your reasons(s):

Employer Comment(s): _____