

**Berrien Regional Education
Service Agency
School-to-Work Time Sheet**

Student/Worker: _____

Place of employment: _____

Directions: Please fill out this time sheet and turn one in every two weeks. Late or incomplete forms will affect your grade.

Month(s): _____

Week #1

Day	Date	Hours Worked
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total Hours Worked _____

Week #2

Day	Date	Hours Worked
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total Hours Worked _____

Employer's Signature (time verification)

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