

CCRESA – COMMUNITY WORK ASSESSMENT PROGRAM --
TIME VERIFICATION SHEET

STUDENT NAME: _____ SCHOOL DISTRICT: _____

DAY:	DATE:	TIME IN:	TIME OUT:	ACTIVITIES PERFORMED:
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

DAY:	DATE:	TIME IN:	TIME OUT:	ACTIVITIES PERFORMED:
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Student: I certify this is an accurate record of the hours that I worked.

STUDENT SIGNATURE: _____ DATE: _____

Employer/Supervisor: This certifies that the student recorded hours worked each day, and that it has been verified with me.

EMPLOYER SIGNATURE: _____ DATE: _____