

**Attendance/Time
Verification Form**

Note to employer: Students enrolled in an approved work-based learning program can earn High School credit. State guidelines require that a record of the student's attendance on the job is maintained by the school. It is the student's responsibility to complete and return this form to the school. Employers must verify the student's work hours.

Program _____

Employer _____ Month/Year _____ Report Period _____

From: _____

Instructions to student:

1. Complete all sections
2. Codes for Total ours
A = Absent (no call) C = Absent (called in) X = Not scheduled
3. This report must be returned to the coordinator within two two weeks of the last date.

	DATE	IN	OUT	TOTAL HOURS	TASKS PERFORMED
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

SUB TOTAL _____

	DATE	IN	OUT	TOTAL HOURS	TASKS PERFORMED
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

GRAND TOTAL _____

I verify that I have worked the above stated hours, times and dates.

Student Signature: _____	Date: _____
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As the Supervisor, I verify that this student has worked the above stated hours.

Supervisor Signature: _____	Date: _____
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Please return to: Davison High School
1250 N Oak Road
Davison, MI 810-591-0143
Fax: 810-591-3555
dallard@davisonschools.org

The student's work performance for this period is:

_____ Exceptional
_____ Satisfactory
_____ Unsatisfactory, Coordinator please call.