



Education for Employment

1819 East Milham Avenue, Portage, MI 49002-3035

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www.kresa.org/efe

WORK-BASED LEARNING STUDENT TIME VERIFICATION

Student _____ Training Site _____

Work-Based Learning Coordinator _____ School _____ Month _____

Student is 18 years old? _____ Yes _____ No

Time verification sheets must be completed as required by the Coordinator. Failure to submit the information may result in loss of credit. You may fax the sheet to the number listed above or drop it off in the guidance office. Please calculate your hours to the nearest 15 minutes in decimal format (ex: 2.5 hours) or attach a time report that contains your “punch in” and “punch out” times.

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEKLY TOTAL						

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEKLY TOTAL						

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SUNDAY						
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THURSDAY						
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WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEKLY TOTAL						

Key: 15 min = 0.25 hours

30 min = 0.5 hours

45 min = 0.75 hours

***Don't forget to complete the back side.**

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEKLY TOTAL						

TOTAL MONTHLY HOURS _____

We the undersigned verify that the training hours are accurate.

STUDENT SIGNATURE _____

SUPERVISOR SIGNATURE _____

If you had any absences or tardies for this month, please list the dates below along with the reason for the absence/tardy. You do not need to list the days that you were not scheduled to work, only those days that you were scheduled and reported tardy or did not work at all. If you switched shifts, note that date below. **If you did not miss any days this month, please write "none."**

<u>DATE</u>	<u>REASON FOR ABSENCE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List workplace positive experiences:

List job activities for this month:

Would you like your Co-op Coordinator to contact you?

Yes No

If yes, please list name and best way to reach you:

Name: _____

Contact Info: _____