# STUDENT TIME SHEET

Student Time Sheet must be submitted bimonthly to the **Transition Specialist**
**by the date assigned.**

**Name:** _____ **School Site:** _____

**Work Site:** **99 Cent Store, Walgreens, Central Christian Church** **Transition Specialist:** Ilia Hvegholm

**LUNCH BREAK: Student must take a 30-minute lunch if the student works more than 5 hours in one shift.**

| DAY OF THE WEEK | DATE (MM/DD/YY) | TIME IN | TIME OUT | LUNCH (NOT BREAK) | | TOTAL HOURS WORKED | SUPERVISOR INITIALS |
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**Total Hrs:** _____

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**Student Signature** **Supervisor Signature**

Transition Specialist ONLY:
Approximate hours left on contract:_____