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
				FROM	TO		

Total Hrs: _____

_____ _____

Student Signature **Supervisor Signature**

Transition Specialist ONLY:
Approximate hours left on contract:_____