Personal Log Sheet / Timesheet

Employer:					LOG#	
Workplace Telephone: Students Name (PLEASE PRINT): * Any timesheet that is NOT CLEAR, will not be approved.					Date Faxed:	mm dd yy
					Employee #: oved. The entire sheet must be clear to read.	
IMPORTAN	T: This timesheet is t	o be submitte	ed to your te	acher at the	end of each wor	k week or on their next visit
	Dates (Month / day / year)	Time In	Lunch Minutes	Time Out	Total Hours Minus Lunch	Activities Performed
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
		Total hours	for the week			
Participant Signature						Date

All persons MUST sign the timesheets in order for them to be processed in a timely manner.

Date

Supervisor Signature