

SAMPLE – Student Time Card

The format of this form is optional and may be adopted or adapted as needed for school district use.

**Weekly Student Time Card for
Work-Based Learning Placements**

The student must complete a time-card and obtain employer’s signature.

Student Name: _____

Employer Name: _____

School Name: _____

Day of Week	Date	Time In	Time Out		Time In	Time Out	Total Hours Per Day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday (If applicable)							
Sunday (If applicable)							

Student Signature _____ Date _____

Employer Signature _____ Date _____

Student: In this space list the date(s) you were absent for the week and your reasons(s):

Employer Comment(s):

