

Employer Verification of Student Work Hours

Student:	Instructor(s):	Week of:
Employer:	<input type="checkbox"/> Field Experience (Paid) <input type="checkbox"/> On the Job Training (Unpaid)	Date Due:

Student: Please complete all attendance fields, obtain supervisor's signature, and return by the due date listed to the Instructor.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date								
# of Hours*								
Start Time - End Time								
Start Time - End Time								

*In the # of Hours row, label any non-working dates as follows: NS - Not Scheduled, SA - School Absence, WA - Work Absence

Student Signature: _____ **Date:** _____

Employer: Verify the hours recorded, provide feedback on current work performance, sign and date before returning to student at the end of the week. Complete the feedback on work performance by placing a checkmark in the appropriate column using the following scale and provide comments on performance.

4 = Advanced/Mastery, 3 = Proficient, 2 = Basic level/Inconsistent, 1 = Novice level/Beginner

4	3	2	1	Work Performance Traits	4	3	2	1	Work Performance Traits
				Demonstrates positive attendance patterns					Exhibits effective communication with others
				Meets expected workplace requirements					Ability to prioritize work
				Works without prompting					Works actively to improve knowledge and skills

Comments: _____

I certify that the hours reported above are true and accurate.

Supervisor Signature: _____ **Date:** _____