CHEHALIS/CENTRALIA SPECIAL SERVICES COOPERATIVE
STUDENT SUPPORT PROGRAM
TIME CARD

STUDENT NAME_____

SCHOOL_____ TEACHER_____

MONTH_____ YEAR_____

SITE NAME_____ JOB CLUSTER_____

CHECK ONE **( ) JOB SHADOWING** **( ) MINI INTERNSHIP**

( ) WORK EXPERIENCE **( ) DISTRICT STIPEND**

Date	Time In	Break		Time Out	Hours Worked
		To	From		
				Total	

I certify that the hours recorded above are correct.

RECORD WORKING HOURS FOR EACH DAY WORKED

Employee Signature_____ Date: _____

Supervisor Signature_____ Date: _____

UNLESS DISTRICT STIPEND HAS BEEN SET UP FOR A WORKSITE AND THE APPROPRIATE BOX HAS BEEN CHECKED, THIS TIMECARD IS FOR PRACTICE AND RECORDKEEPING ONLY AND DOES NOT ENTITLE STUDENT TO WAGES FOR TIME IN VOCATIONAL ACTIVITIES.

(gray color)