**Employer Verification of Student Work Hours**

|  |  |  |
| --- | --- | --- |
| Student: | Instructor(s): | Week of: |
| Employer: | * Field Experience (Paid)
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**