PINELLAS COUNTY SCHOOLS
CAREER & TECHNICAL EDUCATION
WORK-BASED LEARNING
ON-THE-JOB TRAINING ATTENDANCE RECORD

Month _____ Year _____
Student's Name _____ Student # _____
School _____
Place of Employment _____
Hourly Rate _____ Job Title _____

DAY OF MONTH	ARRIVED	LEFT	LENGTH OF BREAK	TOTAL DAILY HOURS WORKED	GROSS DAILY WAGES EARNED INCLUDING TIPS	TOTAL WEEKLY HOURS WORKED	GROSS WEEKLY WAGES EARNED INCLUDING TIPS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL HOURS AND WAGES FOR THE MONTH							

I certify that the above-listed hours of work and wages are accurate. I realize that falsification of hours or wages can result in a grade of "F" and/or dismissal from the work-based learning program.

_____ Signature of Student Employee
_____ Date
_____ Signature of On-the-Job Supervisor

_____ Supervisor Email
_____ Telephone Number
_____ Printed Name of On-the-Job Supervisor