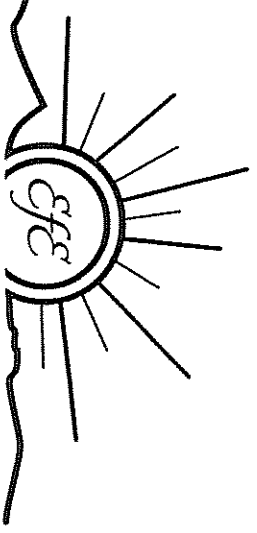


Kalamazoo County Education for Employment



STUDENT TIME VERIFICATION

Student _____ Training Site _____

Placement Coordinator _____ School _____ Month _____

Time Verification sheets must be completed as required by the coordinator. Failure to submit the information may result in loss of credit.

WEEK DAY	DATE	IN	OUT	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

WEEK DAY	DATE	IN	OUT	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

WEEK DAY	DATE	IN	OUT	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

WEEK DAY	DATE	IN	OUT	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

TOTAL HOURS _____

SUPERVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

WEEK DAY	DATE	IN	OUT	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				