

**IMPORTANT:**

Please be sure to include
a pay stub with your name
and organization.

WORK HOURS VERIFICATION FORM

Student Name: _____

Student Grade: _____

Guidance Counselor: _____

Student Number: _____

Description of Work Activity:

Name of the Organization: _____

Description of Work / Position: _____

Dates When the Above-Described Work Took Place and Validating Information:

From: _____ To: _____ Supervisor's Signature: _____

Phone Number: _____

TOTAL # OF HOURS: _____

To be completed AFTER completion of the work activity:

Parent Validation: I, the parent of the above-named student, certify that my son/daughter performed the described work at the times listed above.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

NO CREDIT will be given for work performed during a student's regular school hours.

NO CREDIT will be given without a parent and supervisor's signature.