

TRANSITION SERVICES WORK EXPERIENCE HOURS TRACKING LOG

The student receiving credit for Work Experience must submit a record of specific hours and dates that are worked. The **employer** must complete the Tracking Log **Please attach a business card to the first Log submitted.**

STUDENT NAME:

STUDENTS HOME HIGH SCHOOL:

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SITE	LOCATIO	N:	
SUPERVISOR		(Printed name)	
~ BI	USINESS	(Signature)CARD OF SUPERVISOR MUST BE ATTAC	CHED ~
DATE	DAILY HOURS	DESCRIPTION OF DAILY DUTIES	INITIALS
		Total Hours:	

Date: 09/17/14 Rev G SSS-F139 Page 1 of 1

Please send this Log Sheet weekly or bi-weekly to:
Transition Services
1325 Corporate Blvd. Suite D
Reno, NV 89502
(775)327-3940 Phone (775)857-3183 Fax