

Please use BLACK pen

TIMESHEET

DRS SOUTHWEST COOPERATIVE
SECONDARY TRANSITION EMPLOYMENT PROGRAM

EMPLOYEE LEGAL NAME: _____

WORK SITE: _____ PERIOD ENDING: _____

| DAY | DATE | SIGNATURE | TIME IN | TIME OUT | SIGNATURE |
|-----|------|-----------|---------|----------|-----------|
| M | | | | | |
| TU | | | | | |
| W | | | | | |
| TH | | | | | |
| F | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| M | | | | | |
| TU | | | | | |
| W | | | | | |
| TH | | | | | |
| F | | | | | |

TOTAL Shifts: _____

WORK SITE SUPERVISOR'S SIGNATURE _____

VOCATIONAL COORDINATOR'S SIGNATURE _____

WORK SITE SUPERVISOR OR TEACHER'S SIGNATURE REQUIRED.