



WTAE- Employment Services

Externship Timesheet

Student _____

Dates worked _____

Training Site _____

Extern Supervisor _____

Employer: Please verify the dates and times Extern has worked or will work. Student is to turn in this completed form to employer.services@wayne.k12.in.us.

CURRENT WEEK (Hours already worked)

UPCOMING WEEK (Hours scheduled, but not yet worked)

Day	Date (MO/DAY)	In	Out	TOTAL DAILY HOURS	Day	Date (MO/DAY)	In	Out	TOTAL DAILY HOURS
Sunday					Sunday				
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Saturday					Saturday				
TOTAL WEEKLY HOURS					TOTAL WEEKLY HOURS				

EXTERN SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

