

**Ben Franklin Academy
Work-Study Hours/Week Sheet
Fall 2019**

Student Name: _____ Date: _____

Week of: _____ Place of Work: _____

Supervisor's Name: _____ Phone #: _____

Hours Worked: _____

I certify that the above name student has worked these hours.

Supervisor's Signature

Daily Work-Study Log

	Place	Time	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total Hours: