## Ben Franklin Academy Work-Study Hours/Week Sheet Fall 2023

Student Name:	Date:	
Week of :	Place of Work:	
Supervisor's Name:	Phone #:	
Hours Worked:		
I certify that the above name studen	t has worked these hours.	

Supervisor's Signature

## Daily Work-Study Log

	Place	Time	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Total Hours:**