



Work Experience for Credit Recovery, Employers Report

Student Name

____/____/_____
Student D.O.B.

The student listed above is requesting credit for work experience acquired through your establishment. Our students are allowed credit towards graduation for experience and skills earned while working. Please complete this form to the best of your knowledge and ability.

Job Title: _____

Start Date: _____

End Date (if applicable): _____

Job Description: _____

Still working: ☐ Yes ☐ No

Submit pay stub: ☐ Yes ☐ No (must have employer fill out below)

Additional Remarks: _____

HOURS WORKED PER WEEK:

(AVERAGE OR ESIMATE IF HOURS VARY)

Full Time ☐ Part Time ☐

Employer: _____

Address: _____

Phone number: (____) ____-_____

Supervisor or Designee signature filling out form

Job title

Date

Please mail or fax to:

Visalia Adult School

3110 E. Houston Ave.

Visalia CA 93292

559-735-8078 Fax

559-730-7646 Phone

FOR OFFICE USE ONLY

(15 hours = 1 credit)

Credit allowed: _____ Date: _____ By: _____

Credit Update: _____ Date: _____ By: _____

Credit Update: _____ Date: _____ By: _____

Comments: _____

Submit Form

Save Form

Print