



Student Support Services

Paid Work Hours Log Form For Bright Futures

<i>For office use only</i>	
Hours received _____	Date _____
Hours entered by _____	
Total hours earned to date _____	

Name: _____ Graduation Year: _____
 Student #: _____ High School: _____ Total Hours: _____

It is the responsibility of the student to keep an accurate record of the actual hours worked. A parent/guardian cannot serve as the work contact. Only paid work hours earned beginning June 27, 2022, will be accepted. Please do not include any volunteer hours on this form. All work hour documentation **MUST** be submitted by graduation day.

Date	Start & End Time	Hours Worked	Work Location	Work Phone	Signature of Work Contact
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____
					Print _____ Sign _____

Please describe below what you learned from your work experience.

I agree that I have completed the above hours

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Representative: _____ Date: _____