



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

**Student Support Services
Paid Work Guidelines & Work Hours Log**

Student Name: _____ Date: _____

High School: _____ Graduation Year: _____

School Counselor: _____

Paid Work may include, but is not limited to, a business or governmental internship, work for a non profit organization, or activities on behalf of a candidate for public office. These hours will meet the requirements for the Florida Bright Futures Award Program. Students must satisfy the hour requirement by either completing volunteer hours, paid work hours, or a combination of work and volunteer hours.

Scholarship	Volunteer Hours	Paid Work Hours	Combo: Volunteer & Work Hours
Florida Academic Scholars	100	100	100
Florida Medallion Scholars	75	100	100
Florida Gold Seal Vocational Scholarship	30	100	100
Florida Gold CAPE Scholarship	30	100	100

Hours that are not acceptable:

- Detention, work detail
- Court ordered community service
- Donations
- Any activity where there is no leader or responsible adult on site to evaluate and confirm student performance.

How to document paid work hours:

- Paid work hours must be submitted on the proper **district form** and submitted to the school counseling office at your school.
- A copy of a pay stub may be submitted in lieu of a signature and must be attached to the paid work hours documentation form.

** All work service hours must be earned through an authentic business.*

*Continue to page two
(Paid Work Hours Log Form)*



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

**Student Support Services
Paid Work Hours Log Form**

Student Name: _____ Total Hours: _____

It is the responsibility of the student to keep an accurate record of work hours. Under no circumstances should a parent/guardian serve as the work contact. Only paid work hours earned beginning June 27, 2022 will be accepted. **All documentation for work hours MUST be submitted by your school's graduation date.**

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

Please provide a summary of what you learned from your volunteer service experience.

I agree I have completed the above hours.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Representative: _____ Date: _____