



GLENMARY SCHOOL

Off-Campus Time Sheet



Students Name: _____

Work Place: _____

Month: _____

(PLEASE CIRCLE)
 WE35 WE25 WE15
 RAP35 RAP25 RAP15
 GREEN CERTIFICATE

****Please hand in at the end of every month and obtain a new time sheet****

Date	Time -In	Time-Out	Hours Worked
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

<u>Monthly Hours Completed</u>	Supervisor Signature: