

Oakland Schools – Oakland Schools Technical Campuses



Campus
 Address, State Zip
 Phone: Number FAX: Number

Employer Verification of Student Work Hours

Student:	Instructor:	Week of:
Employer:	<input type="checkbox"/> Field Experience – Paid <input type="checkbox"/> On the Job Training – Unpaid	Date Due:

Student: Please complete all attendance fields, obtain supervisor’s signature, and return by the due date listed to the campus student placement staff member.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								<i>Total HRs</i>
Number of Hours								
Start Time								
End Time	-	-	-	-	-	-	-	

Days absent from work or school: _____ Reason for absence: _____

Employer: Please verify the hours recorded, provide feedback on current work performance, sign and date before returning to student. Complete this section on the student’s current work performance by placing a check mark in the appropriate column using the following scale: **4 - Exemplary; 3 - Satisfactory; 2 - Inconsistent; 1 - Not Yet;** and provide comments when appropriate.

4	3	2	1	Work Performance Trait	4	3	2	1	Work Performance Trait
				Demonstrates positive attendance patterns					Exhibits effective communication with others
				Meets expected workplace requirements					Ability to prioritize work
				Works without prompting					Works actively to improve knowledge and skills

Comments: _____

I certify that the hours reported above are true and accurate.

Supervisor Signature: _____ **Date:** _____