



Orangewood Academy Student Work Experience Record

(Turn in to the Office when complete)

STUDENT NAME: _____ **Grade:** _____

Employment: _____
Name Phone

Employment Description: _____

	Date	Start Time	End Time	Hours/Minutes Worked
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Page Total Hours/Minutes				

EMPLOYER: _____
Printed Name Signature

Office Use:

Received Date	Entry Date	Initials