

## Work-Based Learning Experience Time Sheet

Client Nam									
Address									
						To:			
City, State, Zi	ip								
Company Nam	e								
Pay p	eriod mu	ıst begin	on a Mon	nday			1		
Date									otal ours.
Total Hours									
Date									otal ours.
Total Hours									
certify that the h	ours show	wn are a tı	rue and ac	ccurate rep	oresentatio	on of time w	orked by	me.	
							Please Note	Date signed mu	st he on o
Client Signature					Date		after the last	recorded date w	orked.
certify that the ho	ours showr	ı are a true	and accu	rate repres	entation of	time worke	d by the tra	ainee as aut	horized
Worksite Supervisor/Trainer Signature					Date				
Nebraska VR Signature					Date				
Jpon completion	, please k	eep one c	copy and ir	mmediatel	y send ori	ginal to:			
	•	•				-			
NDE accountin Amount Paid \$									
Accoun	ting Clerk	Signature	<del></del>						