



# Trial Work Experience Time Log

Individual Name \_\_\_\_\_

SSN: XXX-XXX-\_\_\_\_\_

Address \_\_\_\_\_

Pay Period From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Date								
Total Hours								

Total Hours.

Date								
Total Hours								

Total Hours.

I certify that the hours shown are a true and accurate representation of time worked by me.

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

I certify that the hours shown are a true and accurate representation of time worked by the trainee as authorized.

\_\_\_\_\_  
Worksite Supervisor/Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nebraska VR Signature

\_\_\_\_\_  
Date