



Weekly Production Report

Student Name: _____ Reporting Period: _____

Company Name: _____ Mentor Name: _____

STUDENTS: Check this box if you need to speak privately with the WBL Coordinator regarding a work situation.

WEEKLY TIME and EARNINGS SUMMARY

Fill out only the days that you worked. For days that you did not, please leave blank. **NO SCHOOL = NO WORK**

Day	Date	Time Started	Time Ended	Total Hours	Student or Supervisor Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					Ms. Boyer INITIALS & Date Sub.:

Total Hours Worked _____ (x) Hourly Rate \$ _____ = Weekly Earnings \$ _____

Student's Signature

Date

Mentor/ Supervisor Signature

Date

Please email Ms. Boyer (WBL Coordinator) with student concerns: sboyer@cartersvilleschools.org

Day	Date	Time Started	Time Ended	Total Hours	Student or Supervisor Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					Date Submitted:

Total Hours Worked _____ (x) Hourly Rate \$ _____ = Weekly Earnings \$ _____

Student's Signature

Date

Mentor/ Supervisor Signature

Date

Will not be accepted without mentor signature verifying hours Late work = Zero