**High School**

**Work Experience**

**Monthly Record of Hours Worked (For workers compensation purposes only)**

**Student: Employer: Month *I* Year: \_ Type of Work: \_**

Hours Worked·

|  |  |  |
| --- | --- | --- |
| 1. | 11. | 21. |
| 2. | 12. | 22. |
| 3. | 13. | 23. |
| 4. |  | 14. | 24. |
| 5. | 15. | 25. |
| 6. | 16. | 26. |
| 7. |  | *I*17. | 27. |
| 8. | 18. | 28. |
| 9. | 19. | 29. |
| 10. | 20. | 30. |
|  |  |  | 31. |

TOTAL HOURS WORKED: STUDENT SIGNATURE: \_ EMPLOYER SIGNATURE:, \_

SCHOOL COORDINATOR SIGNATURE: \_

For Payroll Use Only: Premium Calculation:

Assumed Hourly Wage $ \_ X Hours Worked \_ =

Work Category Code:

Kitchen *I* Cafe 9349 \_ Office Clerical/8868 \_ Other/9101 \_