## WORK EXPERIENCE TIME CARD

**Participant Name: ___________________________**  
**Site Supervisor: ______________________________**

**Training Site: ______________________________**

**Pay Period: _____________________________**

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**TOTAL HOURS THIS WEEK:**

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### PERIOD TOTAL: _________

**NOTE:** Please confine the time increments to half or whole hours only. Do not put "0" in hours attended space.

Place the following code under Hours Attended if applicable: H - Holiday, EA - Excused Absence, V - Vacation, N/C - No Classes, UA - Unexcused Absence, Sick - (Please do not enter "S" as it looks like "5").

California Labor Code: A rest period of 15 minutes must be granted in the middle of each 4 hours work period. Unpaid meal period of at least 30 minutes must be granted for shifts worked in excess of 5 hours.

### PARTICIPANT EVALUATION

**CHECK EACH ITEM BELOW:**

- **EXCELLENT**
- **GOOD**
- **ACCEPTABLE**
- **NEEDS COUNSELING**

- Punctuality at work
- Attitude toward site supervisor
- Attitude toward co-workers
- Performance at site
- Task on time
- Appearance at site
- Attendance at site

Please provide in the comment section any information pertinent to the participant's progress at the worksite and any areas of concern or counseling that has taken place during this period.

### COMMENT SECTION:

________________________________________________________________________

________________________________________________________________________

Participant Signature: ___________________________  Date: _____________

Site Supervisor's Signature: ___________________________  Date: _____________