

Youth Work Experience Timesheet

Youth Name

Worksite Name

_____ to _____
Pay Period

DAY	DATE	TIME IN	OUT LUNCH	IN LUNCH	TIME OUT	TOTAL HOURS	SUPERVISOR INITIALS
SAT/SUN							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SAT/SUN							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL HOURS							

Supervisor Comments:

Supervisor Signature

Youth Signature

DuPage County Signature