

WESTLAKE HIGH SCHOOL
SUPERVISION TIME SHEET

ACTIVITY _____

DATE _____

NAME _____

ADDRESS _____

SOC. SEC # _____ - _____ - _____

SUPERVISION TASK _____

TIME WORKED: _____ : _____ AM/PM -- _____ : _____ AM/PM

NUMBER OF HOURS WORKED: _____ HOURS

SIGNATURE _____

IF YOU WISH TO BE PAID, SUBMIT THIS SUPERVISION TIME SHEET TO MRS. CLARK ASAP FOLLOWING THE ACTIVITY. REMEMBER, YOU ARE RESPONSIBLE TO TURN THE TIME SHEET IN IF YOU WISH TO BE PAID.

OFFICE USE ONLY

_____ X \$ *10.00* = \$ _____

ACCOUNT NUMBER _____