

WORK VALIDATION RECORD

Student Name			Date of Birth
School Name			
Employer's Name & Company	y		Telephone Number
Employer's Address			City/State/Zip Code
Type of Work			
		work	
Total number of hours devoted	l to Job/Volunteer	work	
Dates of work assignment From		To:	
Dates of work assignment From	m:	To: /ORK EXPEI	RIENCE
	m: UATION OF W Excellent	To: /ORK EXPEI Satisfactory	RIENCENeeds Improvement
Dates of work assignment From EVALU Quality of work performed: Ability to work with others:	m: UATION OF W Excellent Excellent	To: /ORK EXPEI Satisfactory Satisfactory	RIENCENeeds ImprovementNeeds Improvement
Dates of work assignment From EVALU Quality of work performed:	m: UATION OF W Excellent Excellent	To: /ORK EXPEI Satisfactory Satisfactory Irr	RIENCE Needs Improvement Needs Improvement regular
Dates of work assignment From EVALU Quality of work performed: Ability to work with others:	m: UATION OF W Excellent Excellent Regular COMMENTS IF	To: /ORK EXPEI Satisfactory Satisfactory Im F NECESSARY	RIENCE Needs Improvement Needs Improvement regular

Student Signature

Students Rise. We all Rise

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