

**CAREER SERVICE LEARNING (C.S.L.)
Time Sheet**

Name: _____ Home Phone: _____

Home Address: _____ Zip Code: _____

Business Name/Professional or Mentor: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S SIGNATURE
TOTAL HOURS ON THIS SHEET				

Received by: _____ Date: _____

Academy Coordinator Signature

When your C.S.L. experience is complete (minimum 20 hours) return this sheet to Gayle Moore, Academy Coordinator, at Bay High School. DUE DATE: Tuesday, April 15, 2008