

WORKFORCE SERVICES

sdjobs.org

JOB SHADOW TIMECARD

BUSINESS INFORMATION

BUSINESS NAME: _____

MAILING ADDRESS: _____

City, State, Zip: _____ Tel: (____) ____ - _____

JOB SHADOW HOURS

Job Title: _____			Date of Job Shadow: ____/____/____			
Total Hours of Job Shadow (Not to exceed 8 hours)		X	\$15.00	=	Stipend Amount	\$ _____

I agree that I completed the Job Shadow listed above. I authorize the Business Representative to share information regarding my attendance and time with DLR.

Print Name: _____

Participant Signature: _____ **DATE:** ____/____/____

I agree the Participant completed the Job Shadow for the number of hours listed above; please write in the number of hours spent on the shadow experience (round to the nearest half hour increment).

Business Representative Name: _____

Signature: _____ **DATE:** ____/____/____