

# WORKFORCE SERVICES

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## JOB SHADOW TIMECARD

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### JOB SHADOW HOURS

<b>Job Title:</b> _____			<b>Date of Job Shadow:</b> ____/____/____			
Total Hours of Job Shadow (Not to exceed 8 hours)		<b>X</b>	\$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:** \_\_\_\_/\_\_\_\_/\_\_\_\_