

PARENT OR LEGAL GUARDIAN WORK SCHEDULE

This form must be completed by a supervisor at the place of employment.

Parent/Legal Guardian's Name: _____

Name of Employer: _____

Address: _____

Work Schedule:

(Include work hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

If employee works a variable work schedule, please indicate the average number of hours per week, this employee works: _____

Any person who makes, presents or submits a document that is false or fraudulent is subject to a reduction or termination of services.

Supervisor Name: _____

Title: _____

Telephone Number: () _____

Signature: _____

Date: _____