



## Paid Work Hours Log Form

### Bright Futures Eligibility

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Student# 530 High School McKeel Academy of Technology Total Hours \_\_\_\_\_

It is the responsibility of the student to keep an accurate record of the actual hours worked. A parent/guardian cannot serve as the work contact. Only paid work hours **earned beginning July 1<sup>st</sup>, 2022**, will be accepted. Please do not include any community service hours on this form. **All work hour documentation MUST be submitted by graduation day. Any work hours submitted after graduation, even if earned prior to graduation, will not be accepted. No exceptions.** \*Please attach a pay stub stating the dates and times worked. Employment must be completed through a business with an established Federal ID number.

Date	Start/End Time	Hours Worked	Work Location	Work Phone #	Signature of Work Contact*
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign

**Required Self Evaluation: Please describe what you learned from your work experience.** Students must type and submit a one-page reflection summarizing their paid work experience. The purpose of this reflection is to encourage students to thoughtfully consider the value of their work experience and the skills they have developed.

*In your reflection, be sure to address the following: Describe your job responsibilities and the tasks you performed. Explain how your work contributed to your employer, customers, or the community. Reflect on the impact your work had on others. Discuss the life and career skills you developed, such as: Responsibility, Time management, Planning and organization, Communication, Collaboration and teamwork, Leadership, Problem-solving, Professionalism, Explain how this experience has influenced your future educational, career, or personal goals. Share what you learned about yourself through this experience. Your reflection should be at least one full page, typed, and written in complete sentences.*

***I agree that I have completed the above hours.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Representative

\_\_\_\_\_  
Date