

**YOUTH HABILITATION QUINTE INC.**

**EMPLOYEE TIME FORM**

**Summer Jobs for Youth Program**

Business Name \_\_\_\_\_

Student Name **(Please Print)**: \_\_\_\_\_

Pay Period Starting: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Week # 1

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Week # 2

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Total Number of Hours Worked: \_\_\_\_\_

Employee: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

- **ANY CHANGES IN HOURS OR DAYS OF EMPLOYMENT MUST BE INITIALED BY BOTH THE EMPLOYER AND THE STUDENT!!!**