

Student Name: _____ **Training Station:** _____ **Month:** _____

Total Hours for the Month: _____ **Hourly Wage:** _____ **Total Wages for the Month** _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	_____
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	_____
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	_____
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	_____
Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	_____

I verify that the hours above are true and correct for the month.

Student Signature _____

Date _____