LA SIERRA ACADEMY FOUNDED 1922

Please Check One:
On Campus ☐
Off Campus ☐

On/Off Campus Work Experience

Name: _____ Grade: _____

Phone: _____ **Total Hours Completed:** _____

Proposed Work Experience Plan:

Employer/Location: _____ Phone/Ext: _____
(company/department)

Supervisor's Name: _____ Paid ☐ Volunteer ☐

Employer's Address (If different than LSA): _____

_____

Dates of Work Experience: ___/___/___ to ___/___/___

Give a brief description of your duties:

_____

_____

_____ _____
Supervisor's Signature Date

I understand and agree to the following terms:

1. Off-Campus Work Experience must be submitted and approved by the Academic Committee before work begins. Please use this form for approval before logging hours.
2. You must complete 25 hours per year while enrolled at LSA. Once you have completed your hours, 5 credits will be added to electives on your transcript. This is a graduation requirement.
3. Documentation of at least 50 hours of work experience must be submitted to the Work Experience Coordinator no later than registration of the Junior year.

_____ _____ _____ _____
Student's Signature Date Parent's Signature Date

Verification of Hours: _____ Recorded By: _____ Date: _____

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Please Check One:
On Campus ☐
Off Campus ☐

Date	Time In	Time Out	Total Time	Type of Work
TOTAL TIME:	[redacted]		[redacted]	