

Milledgeville High School

Senior Work Release – Monthly Verification Form

Student Name: _____
Employer Name: _____
Worksite/Company: _____
Supervisor Name: _____
Supervisor Phone/Email: _____
Month: _____

1. Hours Worked & Activities (Example: Date Range: August 11-15, Summary of Activities: Operated cash register, restocked shelves, cleaned work area, Total Hours: 20)

Date Range	Summary of Activities Performed	Total Hours

Total Hours This Month: _____

2. Supervisor Verification

I certify that the above information is accurate and that the student has met work expectations during the month listed above.

Supervisor Signature: _____ Date: _____

3. Student Acknowledgment

I understand that failure to submit this completed form each month may result in loss of work release privileges.

Student Signature: _____ Date: _____

Form Submission Instructions:

- This form is due to Mrs. Bontz on the **1st of each month** (or the school day closest to the 1st). -
- Late or incomplete forms may result in immediate suspension of work release privileges.