



## JUMPSTART PARTICIPANT EMPLOYMENT LOG

PLEASE PRINT CLEARLY

|  |             |     |                        |     |                                  |                             |               |             |   |
|--|-------------|-----|------------------------|-----|----------------------------------|-----------------------------|---------------|-------------|---|
| PARTICIPANT FIRST NAME:                    |             |     | PARTICIPANT LAST NAME: |     |                                  |                             | CUSTOMER ID:  |             |   |
|  |             |     |                        |     |                                  |                             |               |             |   |
| IDO:                                       |             |     | IDO MENTOR:            |     |                                  |                             | CAREER COACH: |             |   |
|  |             |     |                        |     |                                  |                             |               |             |   |
| PERIOD BEGINNING DATE: (MONDAY)            |             |     |                        |     |                                  | PERIOD END DATE: (SATURDAY) |               |             |   |
|  |             |     |                        |     |                                  |                             |               |             |   |
| WEEK                                       | DATE        | MON | TUE                    | WED | THU                              | FRI                         | SAT           | TOTAL HOURS | SUPERVISOR SIGNATURE                    |
| EXAMPLE                                    | April 1 - 6 | 8   | 8                      | 8   | 8                                | 8                           | 8             | 40          | Example: Employment Supervisor Mary Sue |
| Week 1                                     |             |     |                        |     |                                  |                             |               |             |   |
| Week 2                                     |             |     |                        |     |                                  |                             |               |             |   |
| Week 3                                     |             |     |                        |     |                                  |                             |               |             |   |
| Week 4                                     |             |     |                        |     |                                  |                             |               |             |   |
| MONTH TOTAL:                               |             |     |                        |     |                                  |                             |               |             | <b>BOX 1</b> TOTAL HOURS<br>← FOR MONTH |
|  |             |     |                        |     |                                  |                             |               |             |   |
| EMPLOYMENT NAME AND LOCATION:              |             |     |                        |     |                                  |                             |               |             |   |
|  |             |     |                        |     |                                  |                             |               |             |   |
| EMPLOYMENT SUPERVISOR NAME (PLEASE PRINT): |             |     |                        |     | EMPLOYMENT SUPERVISOR SIGNATURE: |                             |               | DATE:       |   |
|  |             |     |                        |     |                                  |                             |               |             |   |