

Record of Hours Worked (2) (SE ST-HC)

Individual: _____ DRS Counselor: _____

Contractor: _____ Employment Consultant: _____

Contract: _____ Milestone / Service: _____

Employer: _____ Job Title: _____

Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 1 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____

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Week # _____		Hours Worked	Time On-Site by EC	Time Off-Site by EC	Time Spent w/Employer by EC	Supports Provided / Issues Addressed, etc.	IPE Weekly Work Goal:
Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 5 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 6 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 7 Total Hours:							
Weekly Comments:							

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Day	Date						_____
1							
2							
3							
4							
5							
6							
7							
Pg. 8 Total Hours:							
Monthly Total Hours:							
Weekly Comments:							

Submitted by: _____

Date Submitted: _____