



De La Salle North Catholic
High School

ABSENCE MAKE-UP AGREEMENT FORM CORPORATE WORK STUDY PROGRAM

INSTRUCTIONS: 1. Schedule a mutually agreeable time to make-up your absences with your supervisor.
2. Complete the form in PEN ONLY
3. Once the day **has been completed** you must obtain your **supervisors' signature in pen**. Return the form to the CWSP office for final verification.
4. The student keeps the form until their **Make Up DAYS ARE COMPLETE!** The top portion is to know how many days you need to make up.

PRINT Student Name (FIRST LAST)

Student Cell Phone Number

STUDENTS USE THIS SPACE BELOW TO SCHEDULE YOUR MAKE UP DAYS. THIS PART IS TO KEEP TRACK OF YOUR MISSED DAYS AT WORK.

DATE(S) OF WORK DAY MISSED	DATE(S) OF MAKE-UP DAYS	Full Day	Half Day

STUDENTS ARE REQUIRED TO FILL OUT TIME CARDS FOR EACH MAKE UP DAY COMPLETED. PLEASE USE THE FOLLOWING TIME CARD FOR EACH DAY COMPLETED.

DATE(S)	Clock In	Lunch In	Lunch Out	Clock Out	Total Hours

Supervisors: By signing below, I verify that the student has worked the day(s) and hours stated above to make-up the missed days listed above.

Supervisor Signature

Date

Supervisor Name

Company Name

Student Signature

Date

DLSNC CWSP OFFICE USE ONLY

____ SalesForce Updated

____ Make Up Day Tracking Sheet Updated for Finance

____ Scanned into SalesForce

By: _____

Date: _____