



De La Salle North Catholic
High School

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. **Students must submit this form after Make-Up Days are COMPLETED to receive credit.**
 4. Missed Days from Semester 1 need to be completed before Semester 2 starts.

 PRINT Student Name (FIRST LAST)

 Student Cell Phone Number

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

Dates Missed	Make Up Dates	Start Time	Lunch Start Time	Lunch End Time	End Time	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 (Required)

 Date

 Supervisor Name (Required)

 Company Name (Required)

 Student Signature (Required)

 Date

DLSNC CWSP OFFICE USE ONLY

_____ Salesforce Updated

_____ Finance Tracking Sheet Updated

_____ Grade Updated

By: _____

Date: _____