



Job Shadowing Verification Form

It is the responsibility of the student to turn this form into the Redbank Valley Attendance Office within three days of returning to school. After three days, the absence will be unexcused.

Student Name: _____ Date of Visit ___/___/___

Date and/or periods missed from school: _____

Address of Job Shadowing: _____

Activities observed: _____

Student Signature _____ Date: ___/___/___

Parent Signature _____ Date: ___/___/___

.....
Employee Statement:

I, _____, verify that the above named student visited my workplace, _____ at _____ (address) on ___/___/___.

Signature: _____

***Please attach a business card to this form.*