

Work-Based Learning Job Shadowing Request

You must fill in every blank in order to be excused for your job shadowing day. You must shadow in your career field with someone different than your employer and cannot be a family member. Your actual shadow day will be in the month of February.

Student Name: _____

Student ID: _____

Career Interest Area: _____

Date of Job Shadowing: _____

Name of Company: _____

Address of Company: _____

City, Zip Code: _____

Person shadowing: _____

Phone #: _____

Explanation of Shadowing:

Student Signature: _____

Parent Signature: _____

Student is responsible for missed work in all classes.

For WBL Coordinator only:

Date received: _____

Date emailed: _____