# Youth Connections Employment Program

Send to: Workforce Development, Inc. (WDI)
1302 Seventh Street NW
Rochester, MN 55901

Fax Friday before Noon after Week Two
Put Your Fax Number Here

- Youth’s Name (Please print legibly):
- Youth’s Signature:
- Pay Period Dates: From ___________ To ___________

<table>
<thead>
<tr>
<th>7-Minute Rule</th>
<th>Minutes</th>
<th>Hour Conversion</th>
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<td>8 – 22</td>
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<td>23 – 38</td>
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<td>39 – 53</td>
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<td>54 – 60</td>
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For example: 3 hours, 17 minutes = 3.25
3 hours, 23 minutes = 3.50
3 hours, 53 minutes = 3.75
3 hours, 56 minutes = 4.00

**Remember to Mark Your Lunch Time Down**

<table>
<thead>
<tr>
<th>Week One</th>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Start Time</th>
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<th>Daily Hours</th>
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**Pay Period Total Hours**

- Supervisor’s Signature:

Worksite Name/Address: ________________________________

Attendance: ___________ # Excused Absences ___________ # Unexcused Absences

 ___________ # Excused Tardies ___________ # Unexcused Tardies

Comments: ________________________________________

Counselor’s Initials: ________________________________

Forms Committee 03/10