



**SKILLS BUILDING INCENTIVE PROGRAM  
YOUTH WORK SCHEDULE**

Pay Period: \_\_\_\_\_

Youth Name/Client ID#	M	Tu	W	Th	F	Sat	Sun	M	Tu	W	Th	F	Sat	Sun	Total

Skills Building Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Original to: Skills Building Program Coordinator  
 Copies to: Worksite Supervisor  
 Business Office  
 Youth Portfolio