

Clarion Area School District

219 LIBERTY STREET, CLARION, PA 16214
(814) 226-8112 (814)226-4701
www.clarion-schools.com

Job Shadow Affidavit

**Students are required one Job Shadowing experience (5 hours).*

Student Name _____

Planned Date of Job Shadow _____ Time _____

****I affirm that I will be job shadowing at the date and time stated above.**

Signature of Student Date _____

Signature of Parent or Guardian Date _____

Job Shadow Site/Supervisor Information:

Job Title _____

Organization/Business Name _____

Number of Hours of Shadowing _____

Phone Number _____ Ext. _____

Address _____

On-Site Supervisor _____
(Print Name)

Supervisor Signature _____ Date _____

***Students are required to submit written documentation for absence if they completed their job showing experience during school hours. Please return this form to the main office so that they can copy it and process your excuse. Keep original for your portfolio.*