

North Greenville District High School Cooperative Education Program Time Sheet

Student Name _____ Work Site _____

Week Ending _____

DATE & HOURS	DETAILS OF DAYS WORK (including lates and absences)
Monday From _____ To _____ Total Hours _____	
Tuesday From _____ To _____ Total Hours _____	
Wednesday From _____ To _____ Total Hours _____	
Thursday From _____ To _____ Total Hours _____	
Friday From _____ To _____ Total Hours _____	
Total Hrs _____	Student's Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____