

MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM

867 East Laurel Drive, Salinas, CA 93905 (831) 753-4209

MONTHLY TIME SHEET

_____ COMMUNITY CLASSROOM

_____ COOPERATIVE EDUCATION

_____ APPRENTICESHIP

_____ WORK EXPERIENCE

STUDENT NAME _____

STUDENT ID NUMBER _____

SCHOOL _____

PROGRAM _____

NAME OF BUSINESS _____

HOURS WORKED DAILY								
DATE:	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL PER WEEK
WEEK								
IN								
OUT								
TOTAL								

HOURS WORKED DAILY								
DATE:	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL PER WEEK
WEEK								
IN								
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DATE:	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL PER WEEK
WEEK								
IN								
OUT								
TOTAL								

STUDENT SIGNATURE

DATE

EMPLOYER SIGNATURE

DATE

State guidelines for cooperative education/community classroom/WE require employer verification of hours worked by student. No credit will be issued without employer's signature.