



SY: \_\_\_\_\_

## Paid Work-Based Learning Weekly Time Sheet

College & Career Readiness [CTE]

### School Information :

School Name:	Principal:
School Supervisor (Co-op Coordinator):	Telephone:

### Student Information:

Student Name:		Student ID#:
Grade:	Career Pathway	Beginning Date:

### Work Site Information:

Work Site Name:	Work Site Supervisor:
Address:	City/Zip:
Telephone:	Alt. Telephone:

### Instructions:

Fill in the daily hours worked. **Note:** Trainee must work at least 10 hours per week.

Week of: \_\_\_\_\_

#### Student Weekly Activities:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours	Student's Initials	Employer's Initials	Coordinator's Initials

Teacher/Employer Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher/Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_