



Non-Paid Work-Based Learning Time Sheet

College & Career Readiness (CTE)

School Information:

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

Student Information:

Student Name:	Student ID#:
Grade:	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:** Training must not exceed 45 hours per training plan.

Week of: _____

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

Week of: _____

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

Week of: _____

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

Student Name: _____

SY: _____

Week of: _____

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

Week of: _____

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

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Student Name: _____

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Week of: _____

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Week of: _____

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

Total Hours: _____

Comments: _____

Worksite Supervisor Signature: _____ Date: _____

CTE Teacher Signature: _____ Date: _____