

Leon County Schools

Cooperative Education--Monthly Time Card

School:	
Name of Teacher/Coordinator:	
Phone Number:	
E-mail of Teacher/Coordinator:	

Name of Student:	
Student DOB:	
OJT Release Period(s) from School:	
Social Security No:	
Job Placement/Description:	
Name of Employer:	
Address of Employer:	
City, State, and Zip:	
Supervisor Name & Title	
Hourly Wages:	

Week of: _____

	Arrival Time	Leave Time	Hours Worked
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Signature of Instructor: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Signature of Student: _____

Date: _____