



Dearborn Public Schools
WEEKLY WORK RECORD
 Cooperative Education / Work Experience

Student Name _____

Business Name _____

STUDENT: Fill out this form and keep the daily time report.
 File the report with your coordinator each Monday.

<u>DAY</u>	<u>TIME OF DAY</u>	<u>HOURS WORKED</u>
Sunday	from _____ to _____	_____
Monday	from _____ to _____	_____
Tuesday	from _____ to _____	_____
Wednesday	from _____ to _____	_____
Thursday	from _____ to _____	_____
Friday	from _____ to _____	_____
Saturday	from _____ to _____	_____

TOTAL HOURS WORKED: _____

Student's Signature _____

Supervisor's Signature _____

Supervisor's Printed Name _____

Week of _____ To _____
Mo. Day Yr. Mo. Day Yr.

Student # _____ Co-op Hours: 1 2 3 4 5 6
 (circle all that apply)

STUDENT: List your work experiences. Check the new experiences or knowledge gained this week with an (X) in the space at the left.

(X)	<u>Work Experiences</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Statement of Policy

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Dearborn School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status, be excluded from participation in, be denied benefits of, or be subject to discrimination during any activity or in employment.



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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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