

SUN AREA TECHNICAL INSTITUTE

Cooperative Education Work/Time Report

Student/Worker Name: \_\_\_\_\_

SUN Program of study: \_\_\_\_\_

Employer: \_\_\_\_\_

Concerns for the week: \_\_\_\_\_

Date: \_\_\_\_\_

Week ending (Sunday): \_\_\_\_\_

# Hours worked: \_\_\_\_\_

Total Pay: \_\_\_\_\_

Daily Average Grade (on-time, attendance, proper attire): \_\_\_\_\_%

Supervisor Initials \_\_\_\_\_

\*First pay stub must be copied to Co-Op Office\*

\*Text (202-505-0473) or email ([jweisser@sun-tech.org](mailto:jweisser@sun-tech.org)) with a picture of this completed Time Report every Friday by 4pm.

<u>Day</u>	<u>Tasks Performed</u>	<u># of Hours</u>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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