

TIME CARD/TASK LIST



Co-Op Office Phone (814) 464-8676, Fax (814) 464-8625



Name: _____ Job Site: _____

Complete this time card/task sheet daily and turn in on the date of the next scheduled co-op seminar. **You may use a copy of your company time card, but it must include a listing of tasks/jobs performed on each day.** Your supervisor or a company official **MUST** sign or initial to verify hours. Failure to turn in these records will result in grade or credit reduction.

Day	Date	Time in	Time Out	Hrs/day	Task/jobs performed
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					

Total Hours: _____

Day	Date	Time in	Time Out	Hrs/day	Task/jobs performed
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					

Total Hours: _____

Employer Comments: _____
R. 2015-2016 _____

Employer Signature _____

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