

Eugenio Maria de Hostos Community College of the City University of New York 500 Grand Concourse, Bronx, NY 10451 Telephone: 718-518-4403 Fax: 718-518-4252

COOPERATIVE EDUCATION PROGRAM TIME SHEET

STUDENT'S NAME: SOCIAL SECURITY #:							
NAME OF AGENCY/O	ORGANIZATIO	N:					
SUPERVISOR'S NAM	ΙΕ:						
ADDRESS:			CITY:		STATE:	ZIP CODE:	
SCHEDULED HOURS:			_ TIME SHEET PERIOD: FROM		T0		
DAY	DATE	TIME-IN	LUNCH	TIME OUT	HOURS WORKED	COMMENTS	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
DAY	DATE	TIME-IN	LUNCH	TIME OUT	HOURS WORKED	COMMENTS	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL HOURS FOR THIS PERIOD							
ADDITIONAL COM	IMENTS:						
PLEASE FORWAR	ED TIME SHE	ETS EVERY TW	VO WEEKS, DE			perative Education Coordinato Savoy Building, room 210	
SITE SUPERVISOR:				DAT	DATE:		
STUDENT:				DATE:			
				AL USE ONLY			
RECEIVED BY:					DATE:		