

**Division of Career and Technology Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

**Cooperative Education Program
Time Card**

Name _____ Month _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Weekly Wages Including Tips
Total Hours and Wages								

Wage per hour _____

Name of Business _____ Phone # _____ - _____ - _____

Name of Supervisor _____ Phone # _____ - _____ - _____

Signature, Supervisor _____

E-mail Address _____

Initials, Cooperative Education _____

Teacher/Coordinator _____

Signature, Student

**DAILY
WORK
SCHEDULE
HOURS**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
a.m.						
p.m.						

ABSENCES FROM WORK

Date	Reason	Initials
___/___/___	_____	_____
___/___/___	_____	<i>Student</i>
___/___/___	_____	<i>Supervisor</i>
___/___/___	_____	<i>Co-op Teacher/Coordinator</i>

CHANGE IN EMPLOYMENT

Reason for change _____

Date	New Employer and Address	New Employer Contact Information
___/___/___	_____	Name _____
	_____	E-mail _____
	Phone # _____ - _____ - _____	Phone # _____ - _____ - _____

COMMENTS

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