

Alachua County Public School
Cooperative Education Program
Job Training Attendance Record

Date: _____ 20__

Name of Student: _____

School: _____

Training Agency: _____ Hourly Rate: _____

Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

(continued on back)

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Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

Total Hours Month: _____

Total Wages Month: _____

Training Supervisor

Date

Performance Satisfactory Conference Requested

(continued)

Name of Student: _____

Date	Arrived	Left	Arrived	Left	Hours

Total Hours: _____ Total Pay: _____

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