

HOLT FACULTY
Mrs. Meredith _____

HOLT HIGH SCHOOL
WORK EXPERIENCE , CO-OP
TIME SHEETS
WEEK OF _____ 20____

Brief description of work done this week	Su	M	T	W	T	F	S	Total Hours per job
1.								
2.								
3.								
4.								
5.								
6.								
7.								
Total Hours:								

TRAINEE (printed) _____ EMPLOYER (signature) _____

Please indicate days absent.

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