

EMPLOYER'S NAME: _____

	ASSIGNED HOURS		
WEEK 1 From: To:			
WEEK 2 From: To:			
WEEK 3 From: To:			
WEEK 4 From: To:			

Total Monthly Hours: _____ Hourly Rate: _____ Total Monthly Salary: _____

Employer Comments: _____

Student Comments: _____

Please return this form to _____ at the beginning of each month. If any problems arise, please call your Cooperative Education/Internship representative.