

Co-op Hours Report

Student Name: -----

(Remember ALL work is reported under the name of the student)

If this is a donation of goods or money in lieu of hours attach copy of receipt

Worker's Name(s)	Jobs performed or items donated	# hrs worked or value of items donated	Date job performed or items donated (mm/dd/yyyy)

Staff Signature

*****Please turn in to school office within 30 days of work/donation*****