



Muskegon Area
Intermediate
School District

Muskegon Area Career Tech Center
200 Harvey, Muskegon, MI 49442
Telephone (231)767-3600
Fax (231)767-2692

TRAINEE TIME RECORD

Due on a Weekly Basis

Type of Work-Based Placement:
CO-OP/INTERNSHIP

Trainee Name: _____ Work Week of: _____

Home School: _____ Employer: _____ (Date)

A=Absent P=Present

	A	P	Task(s) Performed	Time Spent (Hours/Minutes)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Monday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Thursday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Friday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				
Saturday	<input type="checkbox"/>	<input type="checkbox"/>		
Total Time Worked (Hours/Minutes)				

_____ Hours Worked
+ _____ Tech Center Hours
+ _____ Home School Hours

I verify the work experience and hours listed above:
_____/_____/_____
Employer/Supervisor/Work-Based Mentor Signature Date

Total (48 Hours Maximum) Approved by: _____ School-Based Mentor

"The Muskegon Area Intermediate School District and the above employer affirms the right of all individuals to equal treatment in education and employment, without regard to age, race, religion, color, sex, marital status, disability, national origin, or any other considerations that are extraneous to effective performance."