

East Central Kansas Cooperative in Education Work Experience Program Time Sheet
 PO Box 41, 600 High Street
 Baldwin City, KS 66006
 (785) 594-2737

Student Name:		Work Site:		
Date	Start Time	End Time	Total Hours	
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Date	Start Time	End Time	Total Hours	
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Date	Start Time	End Time	Total Hours	
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/ /				
Date	Start Time	End Time	Total Hours	
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/ /				
Total Week 1	Total Week 2	Total Week 3	Total Week 4	Total Hours
Employee Signature:				
Supervisor Signature:				