

Butler County A.V.T.S. Co-op Program Time Sheet

Name _____ Employer _____

For the week of _____
(Date)

Days Worked	Start Time/ Ending Time	Total Hours work for the Day	Tasked Performed
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours worked for the Week			

For the week of _____
(Date)

Days Worked	Start Time/ Ending Time	Total Hours work for the Day	Tasked Performed
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours worked for the Week			

(Time Sheets are due bi-weekly and need to be entirely completed. Time Sheets not turned in will result in grade reduction.)