Fall 2003 Co-op Time Sheet

Must be received in our office by December 5th, 2003

Student Name:		Name of Company:			
Address:		Address:			
Social Security # :					
Phone:		Phone:	-		
Major:		Supervisor's Signatu	re:		
Semester:		Student's Signature:			
Return to:	Eastern Kentucky Univer	rsity			
	Cooperative Education				
	SSB 455 CPO 61				
	Richmond, KY 40475				
	Phone (859) 622-1296 Fax (859) 622-1300				
	, ,	Fall			
Start Date:	August 20th, 2003	Spring			
End Date:	December 16th, 2003	Summer			
Will you continue	to work next semester:	Yes	No		
		Please contact the Co-op office if yes.			

	Number of Hours Worked					
Week	Start Date	Ending Date	Hours Worked			
1	20-Aug	22-Aug				
2	25-Aug	29-Aug				
3	1-Sep	5-Sep				
4	8-Sep	12-Sep				
5	15-Sep	19-Sep				
6	22-Sep	26-Sep				
7	29-Sep	3-Oct				
8	6-Oct	10-Oct				
9	13-Oct	17-Oct				
10	20-Oct	24-Oct				
11	27-Oct	31-Oct				
12	3-Nov	7-Nov				
13	10-Nov	14-Nov				
14	17-Nov	21-Nov				
15	24-Nov	28-Nov				
16	1-Dec	5-Dec				
17	8-Dec	12-Dec				
18	15-Dec	16-Dec				
Tot	tal Hours Worked for Spr	ing 2003	0			