

CAREER RELATED LEARNING REPORTING LOG FOR WORKERS' COMPENSATION COVERAGE

SCHOOL: _____

SEMESTER: 1st 2nd

	STUDENT NAME	TYPE OF COMMUNITY PLACEMENT	NAME OF BUSINESS	APPROX. DURATION/DATE(S)	APPROX. HOURS	COMMENTS
1						
2						
3						
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SEND REPORT TO PAYROLL EACH SEMESTER

CAREER RELATED LEARNING REPORTING LOG FOR WORKERS' COMPENSATION COVERAGE

SCHOOL: _____

SEMESTER: 1st 2nd

	STUDENT NAME	TYPE OF COMMUNITY PLACEMENT	NAME OF BUSINESS	APPROX. DURATION/DATE(S)	APPROX. HOURS	COMMENTS
30						
31						
32						
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SEND REPORT TO PAYROLL EACH SEMESTER