# **Co-operative Education OJT**

# **Electronic Signature Verification Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the training site supervisor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to electronically sign the weekly/monthly timecard to verify the hours worked. These timecards are to verify attendance records of the student’s enrollment in the co-operative education OJT program.

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| **Students Place of Employment:** |  |
| **School Name and District:** |  |
| **Required Signatures:** | **Date Signed** |
| **Training Site Supervisor’s Signature:** |  |  |
| **Student Signature:** |  |  |
| **Supervising Teacher Signature:** |  |  |
| **Please provide the email addresses of all supervisors authorized to electronically sign and verify the student’s timecard.**  |
| **Name** | **Position/Title** | **Email Address** |
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