

## Law School Cooperative Education Placement Sheet

Funding Source: <i>(Select One)</i>	WORK-STUDY	UNIVERSITY FUNDED
Year of Graduation	C-II	C-III
Quarter <i>(Select One)</i>	FALL	WINTER
	SPRING	SUMMER

### STUDENT INFORMATION

STUDENT'S NAME	NUID #
STREET ADDRESS	CITY STATE ZIP
PHONE	EMAIL ADDRESS
Co-op Advisor (Co-op Office):	Email: Ext:

### POSITION INFORMATION

POSITION TITLE		
DEPARTMENT / AGENCY	START DATE	END DATE
ACCOUNT CODE <i>(LEAVE BLANK IF WORK-STUDY FUNDED)</i>	ADDRESS	
PAYRATE	MAX. HOURS	CITY STATE ZIP CODE
PRIMARY TIMESHEET SUPERVISOR (at the Co-op)	SECONDARY TIMESHEET SUPERVISOR (REQUIRED)	
PHONE NUMBER & EMAIL	PHONE NUMBER & EMAIL	

### SIGNATURES

I, the student, hereby acknowledge that the above information is correct. I agree to be held responsible for my participation in this co-op position. I agree to submit my timesheets on a weekly basis, according to the deadlines set forth by the Student Employment Office. I understand that I do not get compensated for any hours not worked, including sick time, jury duty and/or vacation. I will be sure to adhere to the maximum hours allotted per week and will not work over that amount.

Student Signature	Date
I, the Co-op Office Representative, hereby acknowledge that I have reviewed and assured its completion in its entirety to the best of my knowledge. Any changes to this information will be submitted in writing through a new Co-op Placement Sheet. I reminded the student that they must stay within the hourly maximum per week, and that there is no compensation for hours not worked, including, but not limited to, sick time, jury duty and/or vacation.	
Co-op Coordinator's Signature	Date Ext.

### FOR STUDENT EMPLOYMENT OFFICE USE

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