



VIRTUAL
ENTERPRISES
INTERNATIONAL

Task Verification Form

Complete this form when turning non-digital tasks. Bubble in the circles that apply to the task. When the form is completed, Paper clip the completed work to the form and submit to the teacher.

Employee Name _____

Task Title _____ Date _____

Department	Month	Task Period	Task Number
<input type="checkbox"/> - Administration	<input type="checkbox"/> - September	<input type="checkbox"/> Weeks 1-2	<input type="checkbox"/> #1
<input type="checkbox"/> - Accounting	<input type="checkbox"/> - October	<input type="checkbox"/> Weeks 3-4	<input type="checkbox"/> #2
<input type="checkbox"/> - Art	<input type="checkbox"/> - November	<input type="checkbox"/> Weeks 1-3	<input type="checkbox"/> #3
<input type="checkbox"/> - Communications	<input type="checkbox"/> - December	<input type="checkbox"/> _____	<input type="checkbox"/> #4
<input type="checkbox"/> - Digital Media	<input type="checkbox"/> - January		<input type="checkbox"/> #5
<input type="checkbox"/> - HR	<input type="checkbox"/> - February	Evidence	<input type="checkbox"/> #6
<input type="checkbox"/> - Marketing	<input type="checkbox"/> - March	<input type="checkbox"/> Attached	<input type="checkbox"/> #7
<input type="checkbox"/> - Sales	<input type="checkbox"/> - April	<input type="checkbox"/> See Note	<input type="checkbox"/> #8
	<input type="checkbox"/> - May		

Comments



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