



**POSITION ACTIVITIES / HOSPITALITY / CULINARY**

Student \_\_\_\_\_ Semester \_\_\_\_\_

Curriculum \_\_\_\_\_ Company \_\_\_\_\_

Supervisor \_\_\_\_\_ Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for offering our student a cooperative education or internship experience with your organization. Would you please identify below the activities that the student will be engaged in during the semester? You must elect at least five areas below to concentrate on during the work experience. The minimum hours are 10 and the maximum are 30 hours per area. We will share this information with the student’s faculty advisor and obtain his/her approval for the placement. Thank you again for your support of this student and our program.

**Position Activities:**

#	Description	Skills	Planned Hours	Actual Hours
I.	Controlling Foodservice Costs	Food Cost, Labor Costs, Overhead and Budget		
II.	Hospitality, Restaurant, and Event Management	Management practice Leadership		
III.	Human Resources Management and Supervision	Shift management and HR administration		
IV.	ServSafe Food Handling	Food safety, Facilities and Equipment and Sanitation		
V.	Customer Service	Dining Room Service or Guest Relations		
VI.	Food Production	Food quality and preparation		
VII.	Inventory and Purchasing	Inventory, Purchasing, Receiving, Storage, Issuing		
VIII.	Managerial Accounting	Managerial Accounting Budgeting and WOE		
IX.	Restaurant Marketing	Menu marketing, Business prom- otions, marketing and advertising		
X.	Nutrition	Nutrition and Allergen Conscious Menu and Product Development.		

\_\_\_\_\_  
Employer Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Services Signature

\_\_\_\_\_  
Date

<p><b>FACULTY USE ONLY:</b></p> <p>Please register this student for:</p> <p>Course # _____</p>
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