WORK BASED LEARNING (CO-OP) TIME REPORT

Student Name _____ **Semester** _____

Program _____ **Hours Required** _____

Please list clock hours and sum at the end of the week; ex. 4:30pm-6:00 PM
The supervisor's signature **must not** be dated prior to work listed on this timesheet.

Week of:	Hours								Total Hours	Supervisor's
Monday Date	Week #	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	for the Week	Initials
SAMPLE May 23, 2011	*1*			*2:00-5:00*		*2:00-7:00*			*8*	*THD*
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
								Total Hours:		

I verify this is a true and accurate of hours worked.

Student Signature_____ DATE_____

I approve this statement of work hours.

Supervisor Signature_____ **DATE**_____