

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 for the Week	Supervisor's Initials
Monday Date:	Week#	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<i>SAMPLE: May 23, 2020</i>	1			2:00-05:00		2:00-7:00			8	THD
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	Extra									

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 _____