

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: Monday Date: | Week# | Hours | | | | | | | Total Hours for the Week | Supervisor's Initials |
|--------------------------|-------|-------|--|--|--|--|--|--|-----------------------------|--------------------------|
| | 1 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | 8 | | | | | | | | | |
| | | | | | | | | | | |
| | 4 | | | | | | | | | |
| | 5 | | | | | | | | | |
| | 6 | | | | | | | | | |
| | Extra | | | | | | | | | |

Total Hours: