

CUESTA COLLEGE COOPERATIVE WORK EXPERIENCE EDUCATION SEMESTER TIME SHEET

SEMESTER/YEAR: SPRING 2009 ADVISOR: _____

Student I.D. Number: _____

Student's Name: _____
Last First M.I.

Business/Employer: _____ Phone # _____

Record all hours worked during the semester.

Note: Keep track of hours worked throughout the semester on this worksheet. Be prepared to report total hours worked to your instructor at the scheduled objective evaluation meeting near the end of the semester. Since you will be reporting your hours before the end of the semester, please project hours worked.

Dates	Hours	Dates	Hours
Week 1: (1/19):	_____	Week 10: (3/23):	_____
Week 2: (1/26):	_____	Week 11: (3/30):	_____
Week 3: (2/2):	_____	Week 12: (4/6):	_____
Week 4: (2/9):	_____	Week 13: (4/13):	_____
Week 5: (1/16):	_____	Week 14: (4/20):	_____
Week 6: (2/23):	_____	Week 15: (4/27):	_____
Week 7: (3/2):	_____	Week 16: (5/4):	_____
Week 8: (3/9):	_____	Week 17: (5/11):	_____
Week 9: (3/16):	_____	Week 18: (5/18):	_____
Total Hours – (Weeks 1-9):	_____	Total Hours – (Weeks 10-18):	_____

TOTAL HOURS WORKED: _____

I certify that I have worked the hours indicated above:

Student's Signature

Date

Employer/Supervisor's Signature

Date