

## Cooperative Education/Work Experience Timesheet

**Student Name:**

**Company Name:**

**Semester:**

Please enter your hours worked for each day of the class from \_\_\_\_\_ to \_\_\_\_\_ (term of the class). If you did not work on a particular day you can leave it blank. Please have your supervisor sign the timesheet to verify your total hours worked **at the end of the class** (you do not have to obtain your supervisor's signature each month).

| Day                  | Hours Worked | Day                  | Hours Worked | Day                  | Hours Worked | Day                  | Hours Worked | Day                      | Hours Worked |
|----------------------|--------------|----------------------|--------------|----------------------|--------------|----------------------|--------------|--------------------------|--------------|
| 1                    |              | 1                    |              | 1                    |              | 1                    |              | 1                        |              |
| 2                    |              | 2                    |              | 2                    |              | 2                    |              | 2                        |              |
| 3                    |              | 3                    |              | 3                    |              | 3                    |              | 3                        |              |
| 4                    |              | 4                    |              | 4                    |              | 4                    |              | 4                        |              |
| 5                    |              | 5                    |              | 5                    |              | 5                    |              | 5                        |              |
| 6                    |              | 6                    |              | 6                    |              | 6                    |              | 6                        |              |
| 7                    |              | 7                    |              | 7                    |              | 7                    |              | 7                        |              |
| 8                    |              | 8                    |              | 8                    |              | 8                    |              | 8                        |              |
| 9                    |              | 9                    |              | 9                    |              | 9                    |              | 9                        |              |
| 10                   |              | 10                   |              | 10                   |              | 10                   |              | 10                       |              |
| 11                   |              | 11                   |              | 11                   |              | 11                   |              | 11                       |              |
| 12                   |              | 12                   |              | 12                   |              | 12                   |              | 12                       |              |
| 13                   |              | 13                   |              | 13                   |              | 13                   |              | 13                       |              |
| 14                   |              | 14                   |              | 14                   |              | 14                   |              | 14                       |              |
| 15                   |              | 15                   |              | 15                   |              | 15                   |              | 15                       |              |
| 16                   |              | 16                   |              | 16                   |              | 16                   |              | 16                       |              |
| 17                   |              | 17                   |              | 17                   |              | 17                   |              | 17                       |              |
| 18                   |              | 18                   |              | 18                   |              | 18                   |              | 18                       |              |
| 19                   |              | 19                   |              | 19                   |              | 19                   |              | 19                       |              |
| 20                   |              | 20                   |              | 20                   |              | 20                   |              | 20                       |              |
| 21                   |              | 21                   |              | 21                   |              | 21                   |              | 21                       |              |
| 22                   |              | 22                   |              | 22                   |              | 22                   |              | 22                       |              |
| 23                   |              | 23                   |              | 23                   |              | 23                   |              | 23                       |              |
| 24                   |              | 24                   |              | 24                   |              | 24                   |              | 24                       |              |
| 25                   |              | 25                   |              | 25                   |              | 25                   |              | 25                       |              |
| 26                   |              | 26                   |              | 26                   |              | 26                   |              | 26                       |              |
| 27                   |              | 27                   |              | 27                   |              | 27                   |              | 27                       |              |
| 28                   |              | 28                   |              | 28                   |              | 28                   |              | 28                       |              |
| 29                   |              | 29                   |              | 29                   |              | 29                   |              | 29                       |              |
| 30                   |              | 30                   |              | 30                   |              | 30                   |              | 30                       |              |
| 31                   |              | 31                   |              | 31                   |              | 31                   |              | 31                       |              |
| <b>Total</b>         |              | <b>Total</b>         |              | <b>Total</b>         |              | <b>Total</b>         |              | <b>Total</b>             |              |
| <b>Total to Date</b> |              | <b>Total to Date</b> |              | <b>Total to Date</b> |              | <b>Total to Date</b> |              | <b>Total Class Total</b> |              |

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please sign the timesheet at the end of the class. It does not need to be signed each month. You can sign physically, electronically, or by typing your name. If you sign electronically or by typing your name, you are agreeing that this form of signature is the equivalent of your physical signature.