Cooperative Education/Work Experience Timesheet

Student Name: Company Name: Semester:

Please enter your hours worked for each day of the class from to

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).

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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.