

COOPERATIVE WORK EXPERIENCE EDUCATION
 Victor Valley College, 18422 Bear Valley Road, Victorville, CA 92392-5850
 (760) 245-4271, ext. 2281 ◆ FAX (760) 245-4279

CO-OP TIME SHEET

Print or Type

Student's Name _____ Company's Name _____ *

CO-OP Instructor Maggi Dunsmore City _____

Day of Month	No Hrs. Worked	Day of Month	No Hrs. Worked	Day of Month	No Hrs. Worked	Day of Month	No Hrs. Worked
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

TOTAL HOURS WORKED _____ MONTH OF _____ *

STUDENT:

Discuss your progress toward accomplishing your learning objectives (use reverse side if needed).

1. _____

2. _____

3. _____

4. _____

COMMENT FROM SUPERVISOR: _____

 Student's Signature Date

 Supervisor's Signature Date

*If you have two worksites, please fill out one time sheet for each worksite.
 **Only list one month per time sheet.
 ***If your supervisor is unable to sign your time sheet by the due date, turn it in anyway.
 Follow-up with the supervisor's signature ASAP

Office Use Only

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

