



SADDLEBACK COLLEGE

**COOPERATIVE WORK EXPERIENCE EDUCATION  
STUDENT'S TIME REPORT**

Student's Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Instructor: \_\_\_\_\_ Employer: \_\_\_\_\_

Keep track of hours worked throughout the semester on this worksheet. Be prepared to report hours worked to your Instructor at the scheduled objective evaluation meeting near the end of the semester (15<sup>th</sup> week)

**Indicate Total Hours Worked Each Week**

Week 1		Week 9	
Week 2		Week 10	
Week 3		Week 11	
Week 4		Week 12	
Week 5		Week 13	
Week 6		Week 14	
Week 7		Week 15	
Week 8		Week 16	
Total Hours Weeks 1-8		Total Hours Weeks 9-16	

Total Hours Worked for the Semester \_\_\_\_\_

I hereby certify that this time sheet is a true statement of the hours worked by myself and the work assigned has been performed in a satisfactory manner.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervisor's Signature

Submit this form to your instructor during the 15<sup>th</sup> week of the Spring/Fall Semesters or the 6<sup>th</sup> week for Summer Semester.