



Monthly Timesheet

___ Community Classroom
 ___ Apprenticeship

___ Cooperative Education
 ___ Work Experience

Student Name _____ Student ID # _____

Program _____

Name of Business _____

Hours Worked Daily								
Date:	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total Per Week
Week								
In								
Out								
Total								

Hours Worked Daily								
Date:	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total Per Week
Week								
In								
Out								
Total								

Hours Worked Daily								
Date:	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total Per Week
Week								
In								
Out								
Total								

Hours Worked Daily								
Date:	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total Per Week
Week								
In								
Out								
Total								

Student Signature

Date

Employer Signature

Date

State guidelines for cooperative education/community classroom/WE require employer verification of hours worked by the student. No credit will be issued without the employer's signature.