

TIME CARDS

Every Cooperative Work Experience Student is required to submit a completed and verified (by supervisor) time card covering each and every month of the semester. Time cards are due within five (5) days after the end of the month.

Indicate the actual number of hours worked for each appropriate date. Also indicate days off for sickness, vacation or temporary layoffs. An accurate report is necessary to assure full course credit at the end of the semester.

Student Name: _____ Student Number: _____

Company Name: _____ For month of: _____ 20 _____

| DAILY HOURS WORKED | | | | | | |
|---------------------------|-----|-----|-----|-----|-----|-----------------------------|
| 1. | 6. | 11. | 16. | 21. | 26. | 31. |
| 2. | 7. | 12. | 17. | 22. | 27. | Total Hours _____ |
| 3. | 8. | 13. | 18. | 23. | 28. | |
| 4. | 9. | 14. | 19. | 24. | 29. | |
| 5. | 10. | 15. | 20. | 25. | 30. | |
| | | | | | | |

Supervisor's Name

Supervisor's Signature