SADDLEBACK COLLEGE

28000 Marguerite Parkway • Mission Viejo, CA 92692
949.582.4500 • www.saddleback.edu

SADDLEBACK COLLEGE

Cooperative Work Experience (CWE)

Student Time Report

Date: _____

CWE ticket #: _____   **Number of CWE units enrolling:** _____

Student's Name:		**Student ID:**	
Employer's Name:		**Supervisor's Phone:**	
Instructor's Name:			

Record your hours worked throughout the semester on this worksheet.

Indicate Total Hours Worked Each Day:
(gray box = date; white box = # of hours worked that calendar day)

Month: _____

Sun	Mon	Tue	Wed	Th	Fri	Sat
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours

Month: _____

Sun	Mon	Tue	Wed	Th	Fri	Sat
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours
date	date	date	date	date	date	date
# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours

Total number of hours worked this month: _____

Total number of hours worked this month: _____

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:

Signatures			
Student's Signature:		**Date:**	
Employer's Signature:		**Date:**	
Instructor's Signature:		**Date:**	