

COOPERATIVE WORK EXPERIENCE

CLATSOP COMMUNITY COLLEGE

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WORK EXPERIENCE

NAME _____ MONTH OF _____ 20__

Student ID # _____ (time sheets due at the end of each month)

FIRM NAME _____

ADDRESS _____

VOLUNTEER

PAID POSITION

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

HOURS WORKED THIS MONTH	<input type="text"/>	TOTAL HOURS WORKED THIS TERM	<input type="text"/>
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 STUDENT SIGNATURE

 SUPERVISOR'S SIGNATURE

BOTH STUDENT AND SUPERVISOR MUST SIGN THIS TIMESHEET
 PLEASE USE BLUE OR BLACK INK