



## Cooperative Work Experience Work Experience Time Summary Report

<b>Student Name:</b>	<b>ID #:</b>	<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Year:</b>
<b>Name of Business:</b>		
<b>Address of Business:</b>		
<b>Supervisor Name:</b>		

Work Week Beginning Date <small>Example: Week 1 August 22</small>	Sunday Hours	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Total Weekly Hours	Supervisor Initials
<b>Week 1</b>									
<b>Week 2</b>									
<b>Week 3</b>									
<b>Week 4</b>									
<b>Week 5</b>									
<b>Week 6</b>									
<b>Week 7</b>									
<b>Week 8</b>									
<b>Week 9</b>									
<b>Week 10</b>									
<b>Week 11</b>									
<b>Week 12</b>									
<b>Week 13</b>									
<b>Week 14</b>									
<b>Week 15</b>									
<b>Week 16</b>									

<b>Student/Employee Signature:</b>	<b>Supervisor Signature:</b>	<b>Date:</b>
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