

Work Experience Education –Woodland Community College

Timesheet

Student Name: _____ **Student ID#:** _____

Only hours worked from the semester start to the semester end date will be credited.

1. Month of _____

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

2. Month of _____

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

3. Month of _____

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

4. Month of _____

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

5. Month of _____

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

Total Semester Hours: _____

Student's Signature: _____ Date: _____

Employer's Signature: _____ Date: _____

Did the student earn the hours required for each work experience unit? Yes No

Instructor's Signature: _____ Date: _____