



Cooperative Work Experience Education (CWEE)

Semester Time Card

Total CWEE Hours: _____

Accumulated CWEE Units: _____

Student Name (Last Name, First Name) _____

SWC ID _____

Employer/Agency _____

CWEE Instructor _____

Course _____

Semester & Year _____

Inclusive Dates Covered _____

	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		Week 8		Week 9	
Day	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		
Weekly Total																		

STUDENT'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____ TOTAL HOURS WORKED _____

	Week 10		Week 11		Week 12		Week 13		Week 14		Week 15		Week 16		Week 17		Week 18	
Day	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		
Weekly Total																		

STUDENT'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____ TOTAL HOURS WORKED _____

NOTE: This time card must be submitted with the contract at the end of the semester.