

Due: _____

Solano College Work Experience Education

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TIME CARD – Fall 2010 (10 points)

PAID UNPAID #OCED Units: 1 2 3 4 5 6

STUDENT'S NAME: _____

STUDENT'S PHONE #: _____

COMPANY: _____

ADDRESS: _____

SUPERVISOR: _____

SUPERVISOR PHONE # : _____

Indicate total hours worked each week.

WEEK 1 8/16-8/22 _____

WEEK 10 10/18-10/24 _____

WEEK 2 8/23-8/29 _____

WEEK 11 10/25-10/31 _____

WEEK 3 8/30-9/5 _____

WEEK 12 11/1-11/7 _____

WEEK 4 9/6-9/12 _____

WEEK 13 11/8-11/14 _____

WEEK 5 9/13-9/19 _____

WEEK 14 11/15-11/21 _____

WEEK 6 9/20-9/26 _____

WEEK 15 11/22-11/28 _____

WEEK 7 9/27-10/3 _____

WEEK 16 11/29-12/5 _____

WEEK 8 10/4-10/10 _____

WEEK 17 12/6-12/12 _____

WEEK 9 10/11-10/17 _____

WEEK 18/19 12/13-12/19 _____

Week 1 - 9 Subtotal _____

Week 10 – 18 Subtotal _____

Total Hours for Semester: _____

SUPERVISOR'S SIGNATURE: _____

Supervisor Comments:

Make a copy of this time sheet before submitting to Work Experience Office. Credit cannot be issued if time sheet is not complete or not turned in.