

Due: _____

Solano College Work Experience Education

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TIME CARD – Spring 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 1/20 – 1/24 _____

WEEK 10 3/22 – 3/28 _____

WEEK 2 1/25 – 1/31 _____

WEEK 11 3/20 – 4/4 _____

WEEK 3 2/2 – 2/7 _____

WEEK 12 4/5 – 4/11 _____

WEEK 4 2/8 – 2/14 _____

WEEK 13 4/12 – 4/18 _____

WEEK 5 2/15 – 2/21 _____

WEEK 14 4/19 – 4/25 _____

WEEK 6 2/22 – 2/28 _____

WEEK 15 4/26 – 5/2 _____

WEEK 7 3/1 – 3/7 _____

WEEK 16 5/3 – 5/9 _____

WEEK 8 3/8 – 3/14 _____

WEEK 17 5/10 – 5/16 _____

WEEK 9 3/15 – 3/21 _____

WEEK 18/19 5/17 - 26 _____

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.