Coast Colleges

WORK EXPERIENCE EDUCATION (WEE)

MONTHLY TIMESHEET

Use this form to record work hours completed during your approved Work Experience Education placement. Submit completed timesheets according to your instructor's requirements.

MONTH:_____ YEAR:_____ COLLEGE: ☐ CCC ☐ GWC ☐ OCC

STUDENT NAME:_____ WEE INSTRUCTOR NAME:_____

STUDENT ID#:_____ SUPERVISOR NAME:_____

DAY	CHECK-IN TIME	CHECK-OUT TIME	HOURS	DAY	CHECK-IN TIME	CHECK-OUT TIME	HOURS
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16				MONTHLY TOTAL HOURS			0.00

I certify that the hours reported above are accurate and represent work completed during my approved Work Experience Education placement.

_____

Student Signature (required)

I certify that the hours listed above have been reviewed and accurately reflect the student's work completed during this reporting period.

_____

Supervisor Signature (required)