

TVCC – Bus. Dept. CWE

Darin Bell
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STUDENT TIMESHEET

Student Name: _____

Student ID #: _____

Site (Company Name): _____

Site Supervisor (First & Last Name): _____

Training Start Date: _____

Training End Date _____

Hours/Term _____

of Credits _____

Term (Su,FA,WI,SP) _____

Week	Total Hours	Jobs Performed (Report what you did, what equipment you used, what you accomplished, what skills you developed or used)	Supervisor Initial
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Total Hours		(Total hours must show minimum required for the credits taken)	

Student signature*: _____ Date: _____

***VERIFYING HOURS WORKED**

Please submit to CWE instructor at the end of the term.