

Riverside Community College

**COOPERATIVE WORK EXPERIENCE EDUCATION
TIME SHEET: VERIFICATION OF HOURS WORKED**

FORM
D

A MAXIMUM OF 20 HOURS PER WEEK CAN BE USED TOWARDS WORK EXPERIENCE. IF YOU WORK MORE THAN 20 HOURS PER WEEK, **ONLY RECORD 20 HOURS FOR THAT WEEK ON THIS TIME CARD.**

MONTH: _____

| | 1st Wk. | 2nd Wk. | 3rd Wk. | 4th Wk. | 5th Wk.(IF APPL) | Total Hours |
|------------------|---------|---------|---------|---------|------------------|-------------|
| Work Exp. Hours: | | | | | | |

MONTH: _____

| | 1st Wk. | 2nd Wk. | 3rd Wk. | 4th Wk. | 5th Wk.(IF APPL) | Total Hours |
|------------------|---------|---------|---------|---------|------------------|-------------|
| Work Exp. Hours: | | | | | | |

MONTH: _____

| | 1st Wk. | 2nd Wk. | 3rd Wk. | 4th Wk. | 5th Wk.(IF APPL) | Total Hours |
|------------------|---------|---------|---------|---------|------------------|-------------|
| Work Exp. Hours: | | | | | | |

MONTH: _____

| | 1st Wk. | 2nd Wk. | 3rd Wk. | 4th Wk. | 5th Wk.(IF APPL) | Total Hours |
|------------------|---------|---------|---------|---------|------------------|-------------|
| Work Exp. Hours: | | | | | | |

MONTH: _____

| | 1st Wk. | 2nd Wk. | 3rd Wk. | 4th Wk. | 5th Wk.(IF APPL) | Total Hours |
|------------------|---------|---------|---------|---------|------------------|-------------|
| Work Exp. Hours: | | | | | | |

I VERIFY THE TOTAL NUMBER OF HOURS WORKED INDICATED HERE TO BE ACCURATE.

Add Down
↓

**SEMESTER TOTALS
(TO BE APPLIED TOWARD
WORK EXPERIENCE)**

Student Name (PLEASE PRINT) _____ Date _____

Signature of Student _____

“The employer assures compliance with state and federal guidelines and regulations regarding non-discrimination against any employee/student on the basis of race, religion, gender, disability, medical condition, marital status, age or sexual orientation in recruitment, hiring, placement of assigned tasks, hours of employment, levels of responsibility and pay. Harassment of any employee/student with regard to race, religion, gender, disability, medical condition, marital status, age or sexual orientation is strictly prohibited.”

Signature of Employer Representative _____ Date _____

Enter Totals in Appropriate Box (volunteer or paid) →

| Volunteer Hours | Paid Hours |
|-----------------|------------|
| | |