



Work Experience Time Sheet

Complete this form at the end of **every month** and submit to a Co-op Advisor.

Email: coopwork@LCC.issbc.org

Student Name: _____

Maximum number of co-op hours permitted: _____

Month: Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.
Year: _____

Total co-op hours completed: _____

Workplace supervisor name: _____ Workplace supervisor signature: _____

I certify that the total number of hours recorded on this monthly work timesheet are accurate.

Month: Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.
Year: _____

Total co-op hours completed: _____

Workplace supervisor name: _____ Workplace supervisor signature: _____

I certify that the total number of hours recorded on this monthly work timesheet are accurate.

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