



**COOPERATIVE EDUCATION AND INTERNSHIP PROGRAM**

**MONTHLY STUDENT TIME LOG**

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STUDENT'S SUPERVISOR: \_\_\_\_\_

**WEEKLY HOURS SPENT AT EMPLOYER'S LOCATION**

MONTH/YEAR	ASSIGNED HOURS	TOTAL HOURS WORKED	SUPERVISOR'S INITIALS
<b>WEEK 1</b> <b>From:</b> <b>To:</b>			
<b>WEEK 2</b> <b>From:</b> <b>To:</b>			
<b>WEEK 3</b> <b>From:</b> <b>To:</b>			
<b>WEEK 4</b> <b>From:</b> <b>To:</b>			

Total Monthly Hours: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Total Monthly Salary: \_\_\_\_\_

Employer Comments: \_\_\_\_\_

Student Comments: \_\_\_\_\_

Please return this form to \_\_\_\_\_ at the beginning of each month.  
 If any problems arise, please call your Cooperative Education representative.