

Santa Clara County ROP – South  
**VERIFICATION OF STUDENT HOURS**

Student Name \_\_\_\_\_ CC \_\_\_\_\_ or CVE \_\_\_\_\_

ROP Program \_\_\_\_\_ ROP Instructor \_\_\_\_\_

Training Site \_\_\_\_\_ Supervisor/Employer \_\_\_\_\_

To: Employer, Supervisor, or Personnel Office:

Your cooperation in verifying this student's monthly work experience report of Community Classroom (CC)/Cooperative Vocational Education (CVE) is appreciated. This certification is a required part of your record keeping process.

Attendance Period: From \_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_

***Please record all Community Classroom/Cooperative Vocational Education Hours Below:***

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

I verify by my signature below that the above-mentioned student was present for \_\_\_\_\_ hours during the attendance period indicated above.

\_\_\_\_\_  
 Training Site Supervisor/Employer (Signature)

\_\_\_\_\_  
 Date