Portland Community College
Non-Paid Cooperative Education
Workers Compensation Report

Dept: _____ Term: _____

Prepared By: _____ CRN: _____

Ext. _____

_____Clinical _____Practicum _____Internship _____Non paid work experience

Site Location_____

Name	SS#	Total # of Hours/Term

Note: In order to provide Workers Comp. Coverage for PCC students the following data is REQUIRED: Course Reference Number (CRN), Student Name, SS# and total # hours worked during the term.