

INTERNSHIP TIME SHEET

Student Intern: _____

Internship Site: _____

Onsite Supervisor: _____

Week Beginning / /	Date	Time In	Time Out	Onsite <i>Supervision</i> Hours	Total <i>Internship</i> Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week Beginning / /	Date	Time In	Time Out	Onsite <i>Supervision</i> Hours	Total <i>Internship</i> Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Onsite *Supervision* Hours for Two-Week Period: _____

Total *Internship* Hours for Two-Week Period: _____

Student Intern's Signature: _____ Date: _____

Onsite Supervisor's Signature: _____ Date: _____

Time is to be calculated in 15 minute increments (.0, .25, .5, .75), please make sure dates, times, and hours are documented accurately and completely prior to submitting.

Submit this form to faculty supervisor in class **every 2 weeks**