

Record of Internship Hours

Intern Name: _____ Month: _____ Year: _____

Record times work in each box. Total each day and provide weekly total.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Week 1								Total Weekly Hours
Hours								
Date								
Week 2								Total Weekly Hours
Hours								
Date								
Week 3								Total Weekly Hours
Hours								
Date								
Week 4								Total Weekly Hours
Hours								
Date								
Week 5								Total Weekly Hours
Hours								

Intern Signature: _____ Date: _____

My signature indicates that I have filled this out accurately to the best of my knowledge and I have worked the hours written above.