

Time Sheet

Name:

Phone:

Quarter: Year:

Organization Name:

Position Held:

	Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st Week								
2nd Week								
3rd Week								
4th Week								
5th Week								
6th Week								
7th Week								
8th Week								
9th Week								
10th Week								
11th Week								

Total hours of quarter:

Earnings per hour:

Students: Please return the completed Timesheet to your faculty advisor at the end of your internship.

Student's Signature

Employer's Signature