

Internship Weekly Time Sheet Log

General Information

Intern Name: Week Starting (Date):

Company/Organization: Department:

Site Supervisor: Supervisor Email/Phone:

Daily Time Log

Day	Date	Time In	Time Out	Total Hours	Description of Tasks / Activities Completed
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Weekly Hours:				<input type="text"/>	<input type="text"/>

Signatures and Approvals

By signing below, the intern and supervisor certify that the hours logged above are accurate and complete.

Intern Signature: Date:

Supervisor Signature: Date: