



INTERN TIMESHEET

Name of Intern: _____

Company: _____

Dept: _____ Supervisor: _____

_____ Month, YY	Number of Hours Scheduled	Number of Hours Worked*	Supervisor's Comment
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
11 th			
12 th			
13 th			
14 th			
15 th			
16 th			
17 th			
18 th			
19 th			
20 th			
21 st			
22 nd			
23 rd			
24 th			
25 th			
26 th			
27 th			
28 th			
29 th			
30 th			
31 st			
TOTAL			

* Please round up the minutes 30 minutes or 1 hour. For Example: 5:48 = 6:00, 3:14 = 3:00 or 3:21 = 3:30.

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____