

Work-site Learning Time Report 2016-17

This signed document is required for credit.

Intern Name _____

Employer _____

Month/Year of Report _____

Fill in chart below with date & hours worked & Total (June 29 8-12; 1-4 = 8 hours)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total

Non-paid Internship

Paid Internship

**Monthly
Total**

I certify that the above hours are correct.

Intern Signature

Date

Worksite Supervisor Signature

Date