Notify your supervisor in advance, if you are unable to attend work or need to adjust your schedule. If running more than 15 minutes late, please call to notify your supervisor.

Intern Time Sheet

Student Name: _____

Agency/Department Name: _____

Date	Arrival Time	Departure Time	Task Accomplished	Total Hours

TOTAL WORKING HOURS:

_____ _____

Student's Signature **Date**

_____ _____

Supervisor's Signature **Date**