

WCPSS School to Career Internship Program

INTERNSHIP TIMESHEET

Student Name: _____ Internship Period: _____

Internship Site: _____ Date Turned In: _____

INTERNSHIP JOURNAL

- THIS FORM MUST BE TURNED IN TO THE INTERNSHIP COORDINATOR AT THE END OF EACH MONTH (SPECIFIC DUE DATES CAN BE FOUND ON THE "IMPORTANT DATES" HANDOUT)
- EACH MONTH YOU WILL HAVE A REQUIRED MINIMUM OF HOURS THAT MUST BE COMPLETED (MINIMUM HOUR REQUIREMENTS CAN BE FOUND ON THE "IMPORTANT DATES" HANDOUT)
- **YOU MUST TOTAL YOUR HOURS.**
- BOTH YOU AND YOUR SUPERVISOR MUST SIGN THE TIMESHEET IN ORDER TO RECEIVE CREDIT

Date:	Arrival Time:	Departure Time:	Hours/Total Hours:
TOTAL HOURS:			

Date Received: _____
 Previous Hours: _____
 + Current Hours: _____
 = Total Hours to Date: _____
(To be filled in by Intern Coordinator)

Supervisor's Signature/Verification of Hours : _____ Date: _____

Intern Signature: _____ Date: _____