

**INTERNSHIP TIME SHEET**

Interns: Please record your hours monthly for this current semester on this form. Once signed by you and your supervisor, you may mail, hand deliver, or fax the report to the Volunteer Center. Start a new form for the next month. You must submit these monthly forms in order to obtain **your certificate of completion**.

Name: _____ Semester/Year: _____

Internship Position: _____ Department: _____

Supervisor's Name: _____ Telephone: _____

Week Dates (e.g. 08/27/07-08/31/07)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hours

Grand Total Hours _____

I certify that this intern has completed the hours recorded on this form.

Supervisor Signature: _____ Date: _____

I certify that I have completed all hours recorded on this form.

Intern Signature: _____ Date: _____

Please remember to return this form to VolunteerLEON by the 5th of the next month.