



## 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 5<sup>th</sup> of the next month.***