**Internship Timesheet**

|  |  |
| --- | --- |
| **Intern Name** |  |
| **Client Company** |  | **Client Contact** |  |
|  | **Date** | **Morning** | **Afternoon** | **Total** |
| **From** | **To** | **From** | **To** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |
| **Total Weekly Hours** |  |

**INTERNSHIP AGREEMENT:**
I hereby certify that the hours shown above are the hours worked by me on this internship.

**Intern Signature:**

**CLIENT AGREEMENT:**
I hereby certify that the hours are correct and that I am satisfied with the work completed by the intern.

**Supervisor Signature:**

**PLEASE FAX WEEKLY TO: (216) 221-2311**