

Work Experience and Internships Timesheet

Student Name:

Company Name:

Supervisor Name:

Semester:

Month Covered:

Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs
1		7		13		19		25		31	
2		8		14		20		26			
3		9		15		21		27			
4		10		16		22		28			
5		11		17		23		29			
6		12		18		24		30			

Total Monthly Hours: |

Total Hours to Date: |

Month Covered:

Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs	Day of Month	Hrs
1		7		13		19		25		31	
2		8		14		20		26			
3		9		15		21		27			
4		10		16		22		28			
5		11		17		23		29			
6		12		18		24		30			

Total Monthly Hours: |

Total Hours to Date: |

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5		11		17		23		29			
6		12		18		24		30			

Total Monthly Hours: |

Total Hours to Date: |

Student Signature

Date

TOTAL SEMESTER HOURS:

Supervisor Signature

Date

Student and supervisor sign the timesheet at the end of the semester