

INTERNSHIP TIMESHEET

 Intern Job Title

 Host Organization

 Host Supervisor

NAME OF INTERN: _____
 COYOTE ID: _____ QUARTER: _____

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

WEEKLY TOTAL

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

WEEKLY TOTAL

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

WEEKLY TOTAL

I certify that I have worked the number of hours listed during the course of this internship.

 Intern's Signature Date

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

WEEKLY TOTAL

I certify that I have personal knowledge of the internship hours reported.

 Supervisor's Signature Date

	DATE	TIME IN	TIME OUT	HOURS	TIME IN	TIME OUT	HOURS	TOTAL
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

WEEKLY TOTAL

MONTHLY HOURLY TOTAL