CTE Internship Record of Hours Worked

Please Prir	nt:						
Studen	it Name				Student ID		
Depart	ment			Work Phone			
DA	Υ	DATE	START TI	IME I	FINISH TIME	TOTAL HOURS	
МО	N						
TUI	E						
WEI	D						
THU	J						
FRI	1						
SAT	г						
SUN	N						
TOTAL HOURS WORKED →							
6 min. = .1		15 min. = .25 45 min. = .75 d above are comp	18 min. = .3		30 min. = .5 60 min. = 1.0		
	SUPERVISO	OR SIGNATURE	Date	INTERN SIGNATURE		Date	
This	timesheet is t				the school. No gra the school audit fi	de can be given if this le.	
	Original records must be submitted to the Internship Teacher/Coordinator on the next school day following completion of the workweek.						
	A copy of this record must be submitted to the Office of Career & Technical Education, Attn: Jim Johnson at ESF.						
	Student must retain a copy of this record for their internship notebook.						