



REMINDER!!!

- **DO NOT** sign in and out at same time!
- Sign in upon arrival.
- Sign out upon departure.
- Sign **ONLY** for time **WORKED!**
- Use **BLUE** or **BLACK** ink **ONLY!**

Shift: _____

WEEKLY TIME SHEET

Intern's Name: _____ Social Security #: XXX - XX - _____

Site Name & #: _____

Site Supervisor: _____

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Signature	Daily Hours Worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

TOTAL MINUTES LATE: _____

TOTAL HOURS WORKED: _____

TOTAL TIME DEDUCTED: _____

Minutes Late	Time Deducted	Actual Deduction
0 - 11	0 Minutes	0
12 - 21	15 Minutes	0.25
22 - 41	30 Minutes	0.5
42 - 51	45 Minutes	0.75
52 - 60	1 Hour	1

TIMESHEETS ARE PICKED UP WEEKLY

EMPLOYEE'S SIGNATURE: _____

DATE: _____

PRINT SUPERVISOR'S NAME: _____

TITLE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

CERTIFICATION: I CERTIFY THAT THIS EMPLOYEE HAS WORKED THE HOURS INDICATED.

ACTUAL HOURS WORKED: _____

PRINT PROGRAM MONITOR'S NAME: _____

SUPERVISOR'S APPROVAL: _____

PROGRAM MONITOR'S SIGNATURE: _____

DATE: _____