



Internship: Time Card Tracker

Student's Name _____
 Company's Name _____
 Supervisor's Name _____

TOTAL HOURS
on this Tracker

Term: **Sophomore / Junior / Senior & 1 / 2 / 3**

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____



Internship: Time Card Tracker

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Week of:

Day	Time In	Time Out	Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

WEEKLY TOTAL _____

Signature acknowledges hours reported are correct.

Supervisor Signature

Student Signature
