

Work-Based Education Internship Hours Report

Student Name: _____ Period Covering: _____

Business Name: _____ Business Telephone: _____

Name of Supervisor: _____ Supervisor's Telephone: _____

Date	Arrival Time	Departure Time	Total Hours Worked	Worksite Supervisor's Weekly Comments

I verify that the above information is correct.

Student's Signature

Date

Worksite Supervisor's Signature

Date