TIME LOG SHEET (No. _____ of _____ Sheets)

Semester: ☐ Fall ☐ Spring ☐ Summer _____ (year)

[Make copies of this blank form as needed]

INTERN NAME _____

Date	*No. of Hours*	*Description of Work Activity*
		TOTAL NUMBER OF HOURS ON THIS SHEET

Signature of On-the-Job Supervisor _____