



CENTER FOR PROFESSIONAL EXCELLENCE  
ELMHURST COLLEGE

**Time Sheet**

Name \_\_\_\_\_ Date \_\_\_\_\_

Internship Site \_\_\_\_\_ Site Supervisor \_\_\_\_\_

**Please use this form to track the hours worked for each week of your internship. This form should be signed by your site supervisor and you to verify hours worked.**

Employment Start Date: \_\_\_\_\_

Week No.	From:	To:	Hours:
Sample	01/01/xx	1/08/xx	20
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total # of hours \_\_\_\_\_

*1.0 credit: 35-40 hours/week for 4 weeks (Total: 140-160)*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name