



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