Time Sheet

Week Of: Start Date — End Date

# company name

Phone Number

Company email

|  |  |
| --- | --- |
| Interns Name:  | Title: Your Title |
| Department: Department name | Supervisor: Supervisor name |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Start Time | LunchClock out Clock in | End Time | Regular Hours | Total Hours |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |
| Weekly Totals |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| Employee signature: | Date: Date |
| Supervisor signature: | Date: Date |