SCA Internship Timesheet

Complete each time you work. Submit to Supervisor as requested.

Name _____ **Term** _____

Organization _____ **Faculty Sponsor** _____

DATE	TIME IN	TIME OUT	NUMBER OF HOURS

TOTAL _____

Name _____

DATE	TIME IN	TIME OUT	NUMBER OF HOURS

Total page 1: [ ] Total page 2: [ ] **TOTAL:** [ ]