

Department of Criminal Justice Internship Time Sheet

Name _____ SSN _____ Month _____

Agency _____

Enter on the time record below the day of the month, hours worked that day, and a brief statement concerning the nature of the activities for the day. This form will be maintained in addition to a daily log. Deliver this form to your university Internship Coordinator weekly.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Day	Hours	Day	Hours	Day	Hours	Day	Hours	Day	Hours	Day	Hours	Day	Hours

Signature of Training Officer _____