



STUDENT INTERN MONTHLY TIME REPORT

Intern Name: _____
Intern Position: _____
Intern Student ID# _____

Internship Provider Name: _____
Internship Mentor Name: _____
FVCC Course Title: _____

MONTH: _____

Fill in time sheet daily. Indicate AM for morning, PM for afternoon or evening hours worked. Check if PAID or UNPAID

DATE	DAY	FROM	TO	FROM	TO	DAILY TOTAL	
	M						
	T						
	W						
	TH						
	F						
	S/S						
1ST WEEK'S TOTAL							
	M						
	T						
	W						
	TH						
	F						
	S/S						
2ND WEEK'S TOTAL							
	M						
	T						
	W						
	TH						
	F						
	S/S						
3RD WEEK'S TOTAL							
	M						
	T						
	W						
	TH						
	F						
	S/S						
4TH WEEK'S TOTAL							
	M						
	T						
	W						
	TH						
	F						
	S/S						
5TH WEEK'S TOTAL							
MONTH'S TOTAL							

Student/Intern:
 I certify that this is a true and correct record of my work-based learning hours this month.

Intern/Supervisor:
 I certify that the FVCC Student/Intern has spent the above recorded hours doing work-based learning this month.

 Student/Intern Signature/Date
 Complete and return this form to intern coordinator by the 5th of the following month.

 Supervisor's Signature/Date
 Received _____ initials