Clark Advanced Learning Center Internship Time Card

Submit time card each week to the Career Coordinator at the Clark Advanced Learning Center. Students receive credit for work hours **ONLY** if the time card is complete and submitted on time.

Intern Name: Business Name: Work Supervisor:				Intern Name: Business Name: Work Supervisor:											
												Week Beginni	ng:		
								_	- -				_		
	Arrival Time	Departure Time	Total Daily Hours		Arrival Time	Departure Time	Total Daily Hours								
Monday				Monday											
Tuesday				Tuesday											
Wednesday				Wednesday											
Thursday				Thursday											
Friday				Friday											
Saturday				Saturday											
Sunday				Sunday											
Total Weekly Hours					Total Weekly Hours										
Total Internship Hours to Date					Total Internship Hours to Date										
Comments: _				Comments:											
				-											
Supervisor Signature				Supervisor Signatur	Supervisor Signature										
Intern Signature				Intern Signature	Intern Signature										

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