

## 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: \_\_\_\_\_

Week Beginning: \_\_\_\_\_

	Arrival Time	Departure Time	Total Daily Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<i>Total Weekly Hours</i>			
<i>Total Internship Hours to Date</i>			

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Intern Signature

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