

Clark Advanced Learning Center Internship Time Card

Submit time card each week to Internship Instructor 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	Daily Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Weekly Hours			

Comments: _____

Supervisor Signature

Intern Signature

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