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:				Intern Name:	Intern Name:			
Business Name:				Business Name:				
Work Supervisor:				Work Supervisor:				
Week Begin	ning:			Week Beginn	ning:			
	Arrival Time	Departure Time	Daily Hours		Arrival Time	Departure Time	Daily Hours	
Monday				Monday				
Tuesday				Tuesday				
Wednesday				Wednesday				
Thursday				Thursday				
Friday				Friday				
Saturday				Saturday				
Sunday				Sunday				
Total Weekly Hours				Total Weekly	al Weekly Hours			
Comments:			Comments: _					
				-				
				-				
Supervisor Signature				Supervisor Signatur	Supervisor Signature			
Intern Signature				Intern Signature	Intern Signature			

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.