Non-Profit Organization Name: ______________________

Supervisor's Signature: ______________________ **Date:**

Print Supervisor's Name: ______________________

Student's Signature ______________________ **Date:**

Note: There is a maximum of 7 hours per day

Print Name of Student Intern: ______________________

Date	Time In	Time Out	Total Hours	Meal Break 1/2 hour = .5	Hours eligible for pay

Print Name of Student Intern: _____

Date	Time In	Time Out	Total Hours	Meal Break 1/2 hour = .5	Hours eligible for pay
Total					