Non-Profit Organization Name: ______________________________

Supervisor's Signature: ______________________________

Print Supervisor's Name: ______________________________

Date: ______________

Note: There is a maximum of 7 hours per day

Name of Student Intern: ______________________________

Date	Time In	Time Out	Total Hours	Less Breaks	Hours eligible for pay

Name of Student Intern: _____

Date	Time In	Time Out	Total Hours	Less Breaks	Hours eligible for pay
Total					