Student Intern Timesheet
SAF Fund, LIAC

Summer 2019

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	Less Breaks	Hours eligible for pay
					0
					0
					0
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Print Name of Student Intern: ____________________

Date	Time In	Time Out	Total Hours	Less Breaks	Hours eligible for pay
					0
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Total			**0**	**0**	**0**