

Work Site Time Report

Participant's Name:

Tier:

Facility Name:

Supervisor:

Contact #:

Performance Month:

County Office:

Attendance: Please record exact hours of attendance, initial, and total DAILY. Supervisor's signature must be included to verify hours are correct. Completed internship time sheets are to be turned in weekly, on the following MONDAY.

CODES: A=Absent, H= Holiday, W= Weekend/regular day off.

DATE	START TIME	TIME OUT	TIME IN	END TIME	Intern Initials	Total Hours	Site Signature
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

I certify the record of my hours is true and correct.

Signature of Intern

Phone Number

Date

TO BE COMPLETED BY **SITE SUPERVISOR:**

	Excellent	Satisfactory	Needs counseling
Attendance			
Punctuality			
Work Attitude			
Quality of work			
Progress			
Willingness to learn			
Follows instructions			
Shows initiative			
Accepts correction			
Relations with others			
Personal appearance			

Supervisor Comments: _____

