

Summer Intern Monthly Timesheet

Intern Information

Name: _____

Internship Position: _____

Department: _____

Supervisor Name: _____

Internship Duration: _____

Monthly Summary

I certify that I have completed the tasks assigned during the month of _____.

All entries are accurate and reflect the hours worked and tasks completed.

Timesheet Table

Date	Start Time	End Time	Total Hours	Task/Activity Description

Approval Section

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____