

Summer Intern Weekly Timesheet

Internship Details

Intern Name: _____

Position/Title: _____

Department: _____

Supervisor: _____

Week Beginning: _____

Work Summary

I confirm that the weekly report accurately reflects the hours worked and tasks completed.

Timesheet Table

Date	Start Time	End Time	Breaks Taken	Total Hours Worked

Intern Feedback

Provide comments on tasks, challenges, or accomplishments during the week:

Approval Section

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____