

**Pellissippi State Technical Community College
Internship Timesheet**

Semester _____

FIRST 8 WEEKS

SECOND 8 WEEKS

Student Name: _____ Major: _____

Dates		Monday	Tuesday	Wednesday	Thursday	Friday	Total for Week
Week 1 Starting Ending	In						
	Out						
	Total Hours						
Week 2 Starting Ending	In						
	Out						
	Total Hours						
Week 3 Starting Ending	In						
	Out						
	Total Hours						
Week 4 Starting Ending	In						
	Out						
	Total Hours						
Week 5 Starting Ending	In						
	Out						
	Total Hours						
Week 6 Starting Ending	In						
	Out						
	Total Hours						
Week 7 Starting Ending	In						
	Out						
	Total Hours						
Week 8 Starting Ending	In						
	Out						
	Total Hours						
TOTAL HOURS							

Student's Signature: _____.

Approved By: _____.
(Signature of Supervisor)
(Date Signed)

RETURN TO: Trudy Coleman, Internship Coordinator, MC251, FAX: 694-6426
NOTE: other timesheets are acceptable if signed and dated by both the supervisor and the student; copies of pay stubs may also be submitted in place of timesheets.