

STEM School Internship Program

Student Time Card

_____ to _____
Month/Date/Year **Month/Date/Year**

Student Name _____

School ID # _____

School _____

Work Site _____

Date	Time In	Time Out	Total Hours		Date	Time In	Time Out	Total Hours
Month:								
1st					17th			
2nd					18th			
3rd					19th			
4th					20th			
5th					21st			
6th					22nd			
7th					23rd			
9th					24th			
10th					25th			
11th					26th			
12th					27th			
13th					28th			
14th					29th			
15th					30th			
16th					31st			

GRAND Total of Hours _____

I verify that the above number of hours have been worked by the above student.

Student Signature _____

Date _____

Supervisor Signature _____

Date _____

Print a new timecard for each internship month.