

Castle View High School Senior Internship Program
Internship Time Log

Day	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Date							
Check out from CVHS							
Arrival at Site							
Departure from Site							
Extra Time							
Total Daily Hours (round to the nearest ¼ hour)							

TOTAL HOURS FOR THE WEEK: _____

I hereby certify that the above is an accurate record of hours worked at the internship.

Intern _____ Date _____

Site Mentor _____ Date _____

Comments _____

If you were absent from school and/or the internship site any day or part of a day this week, explain below. Identify days/times absent.
