

# Timesheet

## DETACH & TAKE TO WORK

This form is to be signed by your workplace supervisor regularly (every week or fortnight). By doing this, he/she confirms that you were in attendance at the workplace full-time for the duration of your internship. **The timesheet will be checked by your faculty supervisor during the workplace visit and again during presentations.** Please submit to the Internship Office at the end of your placement.

Student: \_\_\_\_\_

Internship with: \_\_\_\_\_

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Workplace supervisor: \_\_\_\_\_

Job title / department: \_\_\_\_\_

Week	Hours worked	Approved
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		