

Intern Attendance Record

Intern Name: _____ District: _____

District Internship Coordinator: _____

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Supervisor's Initials							
Time In							
Time Out							

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Supervisor's Initials							
Time In							
Time Out							

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Supervisor's Initials							
Time In							
Time Out							

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Supervisor's Initials							
Time In							
Time Out							

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Supervisor's Initials							
Time In							
Time Out							

Intern Signature: _____ District Intern Coordinator Signature: _____