

# Internship Timesheet

**Duquesne University  
Media**

Deliver to:  
Room 544 College Hall

## Weekly Time Record

**Intern Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Company/Organization Name:** \_\_\_\_\_

**Week ending:** \_\_\_\_\_

Day	In	Out	In	Out	Total
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
				Total	
<b>In</b>		<b>Out</b>		<b>Total</b>	

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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