

# Henry County Public Schools "Oh Henry" Internship BI-WEEKLY TIME REPORT

Rev. 8/2018

FOR THE WEEKS OF \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

| WEEK 1          |                 |                 | WEEK 2          |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| SUNDAY          | MONDAY          | TUESDAY         | WEDNESDAY       | THURSDAY        | FRIDAY          | SATURDAY        |
| DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      |
| TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  |
| TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ |

| WEEK 2          |                 |                 | WEEK 3          |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| SUNDAY          | MONDAY          | TUESDAY         | WEDNESDAY       | THURSDAY        | FRIDAY          | SATURDAY        |
| DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      | DATE _____      |
| TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  | TIME IN: _____  |
| TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ | TIME OUT: _____ |

Student's Signature \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM SHOULD BE TURNED IN TO THE MAIN OFFICE AT YOUR SCHOOL UPON COMPLETION OF THE SECOND WEEK.  
OFFICE PERSONNEL SHOULD SUBMIT THIS FORM TO MIKE MINTER, SCHOOL BOARD OFFICE UPON RECEIPT.

NOTES: