



# Intergovernmental Internship Cooperative

## Intern Hourly Reporting Form

*This does not constitute submitting your time for pay. This form is solely used for agency mentors to verify intern time.*

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

*Please print*

\*IIC Intern T Number: \_\_\_\_\_

### WEEK 1

	Date (mm/dd/yy)	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

\*Week Total

**Overtime is accrued if over 40 hours**

### WEEK 2

	Date (mm/dd/yy)	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

\*Week Total

**Overtime is accrued if over 40 hours**

### WEEK 3

	Date (mm/dd/yy)	Hours
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

\*Week Total

**Overtime is accrued if over 40 hours**

\*Pay Period Total

\* Intern Signature: \_\_\_\_\_

\*Agency Mentor Signature: \_\_\_\_\_

\* Agency: \_\_\_\_\_

\* Agency Mentor Name: \_\_\_\_\_

*Please print*

\* Indicates a required field.

*This does not constitute submitting your time for pay. This form is solely used for agency Mentors to verify intern time. **Interns must officially submit time using the mysuu.edu portal.** Any time not submitted in the mysuu.edu portal will be late and will require a late time sheet. **This form DOES NOT count as a late time sheet and will not be accepted in place of a late time sheet.***