



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.***