

TECHNOLOGY CAMPUS

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Student Internship Time Card

Student Name:				Salon Name:		
1 st Yr. Summer:Grad Su		Grad Summer	ummer: Super-Senior: Adult:			
Day	Date	Start Time	End Time	Total Hours	Supervisor Signature	
M						
T						
W						
T						
F						
S						
S						
Grand Total Hours from Previous Record: Total Hours from this Period:						
	Grand Total to Date:					
Instructor/Administrator Signature:				Date:		
					Card Number:	

PARTICIPATING SCHOOLS