

CAREER EXPLORATION INTERNSHIP PROGRAM

Guilderland High School

8 School Road

Guilderland Center, NY 12085

Career Exploration Internship Program Coordinators: Joan McGrath and Sarah Hubbard

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Weekly Time Sheet

Student Name: _____

Placement Name: _____

Mentor Name: _____ Phone Number: _____

STUDENT: This form must be completed each week and signed by the student’s mentor. Students must also complete **Daily Journals** for each internship visit. If absent or tardy to your internship placement any day during this week please explain in the section below. **Failure to submit this form and your Daily Journal can result in failure in this class.**

HOURS REMAINING AT START OF WEEK: _____

Day of the Week	Day of Week (dates):	Time In	Time Out	Total Hours Worked per Day	Total Hours Accumulated For CEIP	Hours Remaining
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTALS:						
DAILY JOURNALS COMPLETED & SUBMITTED FOR THE WEEK (CIRCLE ONE):				Yes	No	

Reason for absence/tardiness (include date(s)): _____

Student signature: _____ Date: _____

Mentor Signature: _____ Date: _____