

Work Log (Time Sheet)

Student Name: _____ Major: _____

Work Site: _____ Semester of Internship/Co-op/REU: _____

Week	Dates of Work Week	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Total	Running Total
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

Student Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Supervisor (Printed) _____

***This form **MUST** be turned in to STEM Professional Services when employer submits invoice for grant reimbursement (as applicable).