

School of Agriculture Internship Hours Confirmation
Western Illinois University - College of Business and Technology

Due no later than 10 days after completion of the internship.

Intern's Last Name		Intern's First Name	
Business/Agency		Internship Supervisor	
Week #1	Start Date:	Hours:	
Week #2	Start Date:	Hours:	
Week #3	Start Date:	Hours:	
Week #4	Start Date:	Hours:	
Week #5	Start Date:	Hours:	
Week #6	Start Date:	Hours:	
Week #7	Start Date:	Hours:	
Week #8	Start Date:	Hours:	
Week #9	Start Date:	Hours:	
Week #10	Start Date:	Hours:	
Week #11	Start Date:	Hours:	
Week #12	Start Date:	Hours:	
Week #13	Start Date:	Hours:	
Week #14	Start Date:	Hours:	
Week #15	Start Date:	Hours:	
Week #16	Start Date:	Hours:	TOTAL HOURS

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The intern has reported the following hours worked. Please confirm or deny that these hours appear to be accurate (check the appropriate box and sign). If there are significant discrepancies, please explain how your records deviate from the intern's reported hours. Thank you!

Do the hours listed above appear accurate?

Yes No

If no, please discuss why the hours appear inaccurate

Internship Supervisor Printed Name, Signature, and Date:
