

LIAC STUDENT ACTIVITY FUND

2024–2025 Intern Time Sheet

Name of Student Into	ern:						
Participating Agency	y:						
Name of Supervisor:	•						
Supervisor's Signatu	ure:						
Date	Number of Hours at Agency	Meal Break 1/2 Hour (0.5)	Total Hours (max. 7/day and 35/week)	Date	Number of Hours at Agency	Meal Break 1/2 hour (0.5)	Total Hours (max. 7/day and 35/week)

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TOTAL HOURS TO BE								
				sure to get your S		nature.		
2.	2. Scan the completed timesheet and email it to SAF@liacuu.org.							