

**Maryland State Department of Education
Division of Rehabilitation Services
Intern Attendance Log**

Intern/DORS Consumer Name: _____
 Internship Site: _____
 Internship Supervisor: _____
 Phone: _____ Email: _____

WEEK 1

	Date	Start Time	Stop Time	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Hours				

WEEK 2

	Date	Start Time	Stop Time	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Hours				

WEEK 3

	Date	Start Time	Stop Time	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Hours				

WEEK 4

	Date	Start Time	Stop Time	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Hours				

4-Week Total	
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Intern Signature _____ Date _____ Supervisor Signature _____ Date _____