



Macaulay Honors College  
 The City University of New York  
 35 West 67<sup>th</sup> Street New York, NY  
 10023

# TIME SHEET

Employee Name: \_\_\_\_\_ Title: Intern

Company/Organization: Macaulay Honors College Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_ Week: \_\_\_\_\_

Date	Start Time	End Time	Total Hrs.
<b>Weekly Totals</b>			

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_