**Internship Work Schedule**

 The Internship Work Schedule must be completed before the student begins their job shadow assignment.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule
Hours Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Per Week:
Mon Tues Wed Thurs Fri Sat Sun

Work Hours: From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

Authorized Hours Per Day: \_\_\_\_\_\_\_

Lunch Break: \_\_\_\_\_\_\_\_\_

Break times: Morning: \_\_\_\_\_\_ Afternoon: \_\_\_\_\_\_

Note: At least a 30-minute lunch hour must be taken if the student interns for more than four hours a day.

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_