

Internship Weekly Timesheet



**UNIVERSITY OF
CAMBRIDGE**

Internship Reference

Number: 201 / _____

Week Ending Sunday: _____

(This can be found on your internship agreement)

Surname: _____

First Name: _____

| | AM Start time | AM End time | | PM Start time | PM End time | Total Hours |
|-----------|---------------|-------------|--|---------------|-------------|-------------|
| Monday | | | LUNCHBREAK (must be at least 30 minutes) | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

Please pay out _____ hours of my accrued holiday pay.

Week Total

| |
|--|
| |
|--|

Authorisation

I confirm that I have worked the above hours. (Please ensure that the 'Week Total' is correct as we will only provide payment for the total hours authorised in this section.) I have read and agree to the timesheet terms and conditions.

Signed by **INTERN**: _____ Department: _____

I confirm that the intern has worked the above hours and I am happy to be invoiced for the number of hours worked as stated in the 'Week Total'

Signed by **SUPERVISOR**: _____ Print Name: _____

If this is your last timesheet please tick the box below.

My internship has ended, please issue my P45 and pay out all my accrued holiday

| |
|------------------|
| Comments: |
|------------------|

Temporary Employment Service
25 Trumpington Street
Cambridge, CB2 1QA
Tel: (01223) 332348
Fax: (01223) 766781

<http://www.admin.cam.ac.uk/offices/hr/jobs/tes/>