

Internship Weekly Timesheet



UNIVERSITY OF
CAMBRIDGE

Internship Reference

Number: 201 / _____

(This can be found on your internship agreement)

Surname: _____

Week Ending Sunday: _____

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/>