EXTERNSHIP PROGRAM
Weekly Timesheet

Name: _____ Work Week of: _____
Placement Office: _____ Date Submitted: _____

Please calculate time in tenths (.1) of an hour (6 minute increments).

Date	Pro Bono Task	Hours	Total

Total Hours for the Week: _____
Prior Week's Cumulative Total: _____
***Cumulative Total for Semester**: _____

*Cumulative Total must be completed by student on **each** timesheet for proper semester credit.

_____ _____
Signature of Supervising Attorney or Supervising Judge

Signature of Extern