

Student Internship Record of Hours

School Name: \_\_\_\_\_ School ID Number: \_\_\_\_\_

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

Salon Name: \_\_\_\_\_ Salon ID Number: \_\_\_\_\_

**HOURS MUST BE RECORDED ACCURATELY USING INCREMENTS OF 15 MINUTES (.25 .50 .75).  
HOURS ARE NOT ACCEPTED FOR LUNCH / DINNER AND OR BREAKS**

DATE (mm/dd/yy)	TIME IN	LUNCH OR DINNER (out & in)	BREAK (out & in)	TIME OUT	TOTAL HOURS	SALON MGR. SIGNATURE