Student Internship Record of Hours

School Name: _____ **School License #** _____

Salon Name: _____ **Salon License #** _____

Student Name: _____

Hours must be accurately recorded using increments of 15 minutes (Ex: .25/.50/.75)

Break times (including lunch) are not included in hours accrued toward program completion.

Date (MM/DD/YY)	Time In	Break Out/In	Break Out/In	Time Out	Total Hours	Signature of student intern supervisor