

Illinois Valley Community College

INTERNSHIP EMPLOYMENT HOURS VERIFICATION

(Form to be completed and returned to the program coordinator at the end of internship.)

Student's name: _____

Internship job assignment: (Job title) _____

Employer:

Company Name

Contact Name & Title

Street Address

City, State

Phone Number

Verification of hours student worked: _____
(total hours completed)

The above named Illinois Valley Community College student has worked as an intern during
the period of _____, 20____ to _____, 20_____.

Signed Date

Title