



### Bi-weekly Reporting Form

Name \_\_\_\_\_ Mentor \_\_\_\_\_ Month \_\_\_\_\_

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours Worked
Day of the Month									
Week One	AM								
	PM								
	Hours Worked								
Day of the Month									
Week Two	AM								
	PM								
	Hours Worked								

Please Fill Out Completely:  
Do Not Leave Any Blanks

TOTAL HOURS FOR THE TWO WEEKS: \_\_\_\_\_

Additional Comments:

Student's Signature: \_\_\_\_\_  
Date

Mentor's Signature \_\_\_\_\_  
Date

Mentor's Printed Name \_\_\_\_\_