

**Community Nutrition Activity Promotion  
INTERN WEEKLY ACTIVITY LOG**

Name: \_\_\_\_\_ Week: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Time Commitment:     3 hr/wk             6 hr/wk             9 hr/wk             20 hr/wk

Please list the activities that you have worked on for the pay period matching your time sheet. Record your time in no less than 15 minute increments.

Date	Description of Activity	Supervisor	Hours
<b>Total Number of Hours:</b>			

Comments: \_\_\_\_\_

I certify that I performed the tasks described above during the time stated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_