



**COOK COUNTY ASSESSOR'S OFFICE**  
**FRITZ KAEGI, ASSESSOR**  
**ETHICS • FAIRNESS • TRANSPARENCY**

**Intern Sign-In Sheet**

**This sheet shall be filled out each day during a pay period and reviewed/approved by the intern's supervisor by the end of each pay period.**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Title: Student Intern

Date	Signature of Intern at Beginning of Work Day	Start Time	Stop Time	Total	Signature of Intern at End Work Day

I have examined and approved this record and certify that the service was rendered the individual named and under my supervision.

\_\_\_\_\_  
*Signature of Intern Supervisor*

\_\_\_\_\_  
*Date*