



Minnesota Department of Health
Internship Time Sheet
 Mortuary Science Section
 Minnesota Department of Health
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Indicate the start and end time of each work day. Provide actual time worked while on-call (non-active “stationary” time while on-call does not apply). Briefly describe the activity that you participated in during your On-Call shift. Specify the total number of hours completed each day for the duration of your internship.

Week Beginning Date (--/--/--)	Shift Time In	Shift Time Out	Active On Call Time In	Active On Call Time Out	On call Activity	Total Shift Hours	Total On Call Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Overall Total Hours Complete: _____
 Week Number: _____
 Name of Intern: _____
 Intern Signature: _____
 Intern Number: _____

*Please complete the Internship Time Sheet at the end of each week. Email completed internship time sheets monthly to the Mortician Investigator overseeing your internship. If you have any additional questions, please contact our office at (651) 201-3829.