

John V. Lindsay Wildcat Charter School
1239 Lafayette Ave
Bronx, NY 10474
Phone: 646-993-1834 Fax: 646-993-1885 DO NOT FAX TIMESHEETS



**CULINARY
TIME SHEET**

PLEASE DO NOT COPY TIMESHEETS

Student Name: _____ **Week Ending:** _____

Internship Site: JVL Wildcat Culinary

Supervisor: Chef Bill Peacock **Telephone Number:** 646-993-1868

Address: 1239 Lafayette Ave., 4th Floor, Bronx, NY 10474

Day	Date	In	Out (Lunch)	In (Lunch)	Out	Total Hours	Comments				
							<input type="checkbox"/>	PUNCTUALITY	<input type="checkbox"/>	LINE CHECK	
Monday							<input type="checkbox"/>	ATTENDANCE	<input type="checkbox"/>	BASE	
							<input type="checkbox"/>	BONUS	<input type="checkbox"/>	DISCIPLINE	
Tuesday							<input type="checkbox"/>		<input type="checkbox"/>		
							<input type="checkbox"/>		<input type="checkbox"/>		
Wednesday							<input type="checkbox"/>		<input type="checkbox"/>		
							<input type="checkbox"/>		<input type="checkbox"/>		
Thursday							<input type="checkbox"/>		<input type="checkbox"/>		
							<input type="checkbox"/>		<input type="checkbox"/>		
Friday							HOURLY STIPEND				
							<input type="checkbox"/>		<input type="checkbox"/>		
		Total Hours Worked				=		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Complete	Journal	Activity	Entered	

Supervisor's Signature: _____ **Title:** Culinary Instructor

Student Signature: _____ **Date Completed:** _____