

**John V. Lindsay Wildcat Charter School**  
**17 Battery Pl., 1<sup>st</sup> Floor**  
**New York, NY 10004**  
**Phone: 646-993-1833 Fax: 646-993-1887** 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., 4<sup>th</sup> 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							<b>HOURLY STIPEND</b>				
							<input type="checkbox"/>		<input type="checkbox"/>		
		<b>Total Hours Worked</b>				<b>=</b>		<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:** \_\_\_\_\_