

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



**STUDENT INTERNSHIP
TIME SHEET**

PLEASE DO NOT COPY TIMESHEETS

Student Name: _____ Week Ending: _____

Internship Site: _____

Supervisor: _____ Telephone Number: _____

Address: _____

| Day | Date | In | Out (Lunch) | In (Lunch) | Out | Total Hours | Comments | | | | |
|-----------|------|---------------------------|----------------|---------------|-----|----------------|----------|----------|---------|----------|---------|
| Monday | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | |
| Thursday | | | | | | | | | | | |
| Friday | | | | | | | | | | | |
| | | Total Hours Worked | | | | = | | Complete | Journal | Activity | Entered |

Supervisor's Signature: _____ Title: _____

Student Signature: _____ Date Completed: _____