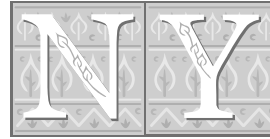


John V. Lindsay Wildcat Charter School
17 Battery Pl., 1st Floor
New York, NY 10004



**STUDENT INTERNSHIP
TIME SHEET**

Phone: 646-993-1833 Fax: 646-993-1887 DO NOT FAX TIMESHEETS

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:** _____