

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



**INTERNSHIP TRAINING INSTITUTE**  
**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	Internship Department Use Only			
							<input type="checkbox"/>			
Monday							<input type="checkbox"/>	ATTENDANCE (.30)		
							<input type="checkbox"/>	PERFORMANCE (.30)		
Tuesday							<input type="checkbox"/>	DRESS CODE (.40)		
Wednesday										
Thursday							INTERNSHIP TRAINING INSTITUTE STIPEND		\$1.00	
Friday							HOURLY STIPEND		\$	
		<b>Total Hours Worked</b>				=		Complete	Entered	

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_