

**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., 4<sup>th</sup> Floor, Bronx, NY 10474

Day	Date	In	Out (Lunch)	In (Lunch)	Out	Total Hours	Comments				
							<input type="checkbox"/>				
Monday							<input type="checkbox"/>	BASE	\$2.00		
							<input type="checkbox"/>	PUNCTUALITY			
Tuesday							<input type="checkbox"/>	LINE CHECK			
							<input type="checkbox"/>	ATTENDANCE			
Wednesday							<input type="checkbox"/>	BONUS			
							<input type="checkbox"/>				
Thursday							<input type="checkbox"/>				
							<input type="checkbox"/>				
Friday							<b>HOURLY STIPEND</b>				
		<b>Total Hours Worked</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:** \_\_\_\_\_