

John V. Lindsay Wildcat Charter School
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Bronx, NY 10474
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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		
Monday							<input type="checkbox"/>	ATTENDANCE	
							<input type="checkbox"/>	BEHAVIOR	
Tuesday							<input type="checkbox"/>	QUIZ	
							<input type="checkbox"/>	ASSIGNMENT	
Wednesday									
Thursday							INTERNSHIP TRAINING INSTITUTE STIPEND		\$1.00
Friday							HOURLY STIPEND		\$
		Total Hours Worked				=		Complete	Entered

Supervisor's Signature:	Title:
Student Signature:	Date Completed: