

Trinity Support Services
Pre-Professional Internship
Time Card

Intern Name (First and Last): _____

Internship Day: _____ Grade: _____

Internship Site: _____

Supervisor: _____

Phone: _____

Department: _____

E-mail: _____

Work Day	Date	Start Time	Sign Out Time	Comments

Supervisor Signature: _____ Date: _____

In case of supervisor absence, alternate signature: _____

Printed Name: _____ Position: _____

Pre-Professional Internship Contacts and Internship Liaisons:

Director	Ms. Barb Dottore	(w) (216) 581-5749	(c) (216) 212-5127	dottoreb@ths.org
Assistant	Ms. Judith Lemanski	(w) (216) 581-5753	(c) (216) 242-9525	lemanskij@ths.org
Liaison	Ms. Janet Walkowiak		(c) (216) 644-5203	walkowiakj@ths.org

How to check out at the end of the day:

1. Come to front door (attendance area).
2. Find yellow check out sign (RLM 3, PPI office, attendance desk)
3. Give your name to the person at the desk, who will check you out.
4. Turn in your timesheet.