Trinity Support Services
Pre-Professional Internship
Time Card

Intern Name: **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, alternative 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	Mrs. Jenn Newrones	(w) (216) 581-5753 (c) (216) 624-8802	newronesj@ths.org
Liaison	Mr. Paul Prospal	(c) (330) 998-0336	prospalp@ths.org
Liaison	Mrs. Lynn Bacho	(c) (330) 815-5820	bacho@ths.org

Check in location: _____

Question of the week:

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