

TIME SHEETS ARE DUE NO LATER THAN CLOSE OF THE LAST BUSINESS DAY OF THE PAY PERIOD. TIME SHEETS NOT RECEIVED WILL RESULT IN PARTICIPANT NOT BEING PAID UNTIL THE FOLLOWING PAY PERIOD. NO EXCEPTIONS.

Please email to: aglover@m4a.org or fax to: 1-866-890-0374

SENIOR PARTICIPANT & WORKERS EMPLOYMENT PROGRAM TIME SHEET

Participant: _____

Assignment Title: _____ **Hourly Rate** **\$12.00**

Name of Host Agency: _____

PAYROLL BEGINNING DATE
Saturday, May 16, 2026

PAYROLL ENDING DATE
Sunday, May 31, 2026

DAY	Community Service Hours Worked	Federal Holiday Hours	Training (meeting) Hours	Total Paid Hours	Host Agency Supervisor Hours/Day
Saturday, May 16, 2026					
Sunday, May 17, 2026					
Monday, May 18, 2026					
Tuesday, May 19, 2026					
Wednesday, May 20, 2026					
Thursday, May 21, 2026					
Friday, May 22, 2026					
Saturday, May 23, 2026					
Sunday, May 24, 2026					
Monday, May 25, 2026					
Tuesday, May 26, 2026					
Wednesday, May 27, 2026					
Thursday, May 28, 2026					
Friday, May 29, 2026					
Saturday, May 30, 2026					
Sunday, May 31, 2026					
TOTALS					

The undersigned hereby certifies that the reporting information is correct for the payroll period indicated.

FAX NUMBER: 1-866-890-0374

Participant Signature _____

DATE _____

Host Agency Supervisor Signature _____

DATE _____

For Program Director Use Only

Total hours for pay this period _____

Payment approved by: _____