

**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.**

**SENIOR PARTICIPANT & WORKERS EMPLOYMENT PROGRAM TIME SHEET**

**Participant:**

**Assignment Title:**

**Hourly Rate**

**\$7.25**

**Name of Host Agency:**

**PAYROLL BEGINNING DATE**  
Saturday, June 01, 2024

**PAYROLL ENDING DATE**  
Saturday, June 15, 2024

**Email Timeheets: [srichburg@m4a.org](mailto:srichburg@m4a.org) or Fax: 1-866-890-0374**

	<b>Community Service Hours Worked</b>	<b>Federal Holiday Hours</b>	<b>Training (meeting) Hours</b>	<b>Total Paid Hours</b>	<b>Host Agency Supervisor Hours/Day</b>
Saturday, June 01 2024					
Sunday, June 02, 2024					
Monday, June 03, 2024					
Tuesday, June 04, 2024					
Wednesday, June 05, 2024					
Thursday, June 06, 2024					
Friday, June 07, 2024					
Saturday, June 08, 2024					
Sunday, June 09, 2024					
Monday, June 10, 2024					
Tuesday, June 11, 2024					
Wednesday, June 12, 2024					
Thursday, June 13, 2024					
Friday, June 14, 2024					
Saturday, June 15, 2024					
<b>TOTALS</b>					

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

**EMAIL: [srichburg@m4a.org](mailto:srichburg@m4a.org) or 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: \_\_\_\_\_