

**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**

**Wednesday, January 1, 2025**

**PAYROLL ENDING DATE**

**Wednesday, January 15, 2025**

<b>DAY</b>	<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>
Wednesday, January 1, 2025					
Thursday, January 2, 2025					
Friday, January 3, 2025					
Saturday, January 4, 2025					
Sunday, January 5, 2025					
Monday, January 6, 2025					
Tuesday, January 7, 2025					
Wednesday, January 8, 2025					
Thursday, January 9, 2025					
Friday, January 10, 2025					
Saturday, January 11, 2025					
Sunday, January 12, 2025					
Monday, January 13, 2025					
Tuesday, January 14, 2025					
Wednesday, January 15, 2025					
<b>TOTALS</b>					

**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: \_\_\_\_\_