

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 Friday, May 1, 2026 PAYROLL ENDING DATE Friday, May 15, 2026

FAX NUMBER: 1-866-890-0374

| DAY                     | Community Service Hours Worked | Federal Holiday Hours | Training (meeting) Hours | Total Paid Hours | Host Agency Supervisor Hours/Dav |
|-------------------------|--------------------------------|-----------------------|--------------------------|------------------|----------------------------------|
| Friday, May 1, 2026     |                                |                       |                          |                  |                                  |
| Saturday, May 2, 2026   |                                |                       |                          |                  |                                  |
| Sunday, May 3, 2026     |                                |                       |                          |                  |                                  |
| Monday, May 4, 2026     |                                |                       |                          |                  |                                  |
| Tuesday, May 5, 2026    |                                |                       |                          |                  |                                  |
| Wednesday, May 6, 2026  |                                |                       |                          |                  |                                  |
| Thursday, May 7, 2026   |                                |                       |                          |                  |                                  |
| Friday, May 8, 2026     |                                |                       |                          |                  |                                  |
| Saturday, May 9, 2026   |                                |                       |                          |                  |                                  |
| Sunday, May 10, 2026    |                                |                       |                          |                  |                                  |
| Monday, May 11, 2026    |                                |                       |                          |                  |                                  |
| Tuesday, May 12, 2026   |                                |                       |                          |                  |                                  |
| Wednesday, May 13, 2026 |                                |                       |                          |                  |                                  |
| Thursday, May 14, 2026  |                                |                       |                          |                  |                                  |
| Friday, May 15, 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: