

**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](mailto:aglover@m4a.org) or fax to: 1-866-890-0374**

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

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

**Assignment Title:** \_\_\_\_\_

**Hourly Rate** \_\_\_\_\_

**Name of Host Agency:** \_\_\_\_\_

**PAYROLL BEGINNING DATE**  
Sunday, August 16, 2026

**PAYROLL ENDING DATE**  
Monday, August 31, 2026

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