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**

Name of Host Agency:

PAYROLL BEGINNING DATE		PAYROLL ENDING DATE	
Thursday, October 1, 2026		Thursday, October 15, 2026	

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