

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