

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
Monday, November 16, 2026

PAYROLL ENDING DATE
Monday, November 30, 2026

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