

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
Tuesday, January 16, 2024

PAYROLL ENDING DATE
Wednesday, January 31, 2024

| DAY | Community Service Hours Worked | Federal Holiday Hours | Training (meeting) Hours | Total Paid Hours | Host Agency Supervisor Hours/Day |
|-----------------------------|--------------------------------|-----------------------|--------------------------|------------------|----------------------------------|
| Tuesday, January 16, 2024 | | | | | |
| Wednesday, January 17, 2024 | | | | | |
| Thursday, January 18, 2024 | | | | | |
| Friday, January 19, 2024 | | | | | |
| Saturday, January 20, 2024 | | | | | |
| Sunday, January 21, 2024 | | | | | |
| Monday, January 22, 2024 | | | | | |
| Tuesday, January 23, 2024 | | | | | |
| Wednesday, January 24, 2024 | | | | | |
| Thursday, January 25, 2024 | | | | | |
| Friday, January 26, 2024 | | | | | |
| Saturday, January 27, 2024 | | | | | |
| Sunday, January 28, 2024 | | | | | |
| Monday, January 29, 2024 | | | | | |
| Tuesday, January 30, 2024 | | | | | |
| Wednesday, January 31, 2024 | | | | | |
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| | | | | | |
| | | | | | |
| 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: _____