

**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**  
Monday, April 01, 2024

**PAYROLL ENDING DATE**  
Monday, April 15, 2024

**Email Timeheets: [srichburg@m4a.org](mailto:srichburg@m4a.org) or Fax: 1-866-890-0374**

<b>DAY</b>	<b>Community Service Hours Worked</b>	<b>Federal Holiday Hours</b>	<b>Training (meeting) Hours</b>	<b>Total Paid Hours</b>	<b>Host Agency Supervisor Hours/Day</b>
Monday, April 01, 2024					
Tuesday, April 02, 2024					
Wednesday, April 03, 2024					
Thursday, April 04, 2024					
Friday, April 05, 2024					
Saturday, April 06, 2024					
Sunday, April 07, 2024					
Monday, April 08, 2024					
Tuesday, April 09, 2024					
Wednesday, April 10, 2024					
Thursday, April 11, 2024					
Friday, April 12, 2024					
Saturday, April 13, 2024					
Sunday, April 14, 2024					
Monday, April 15, 2024					
<b>TOTALS</b>					

**The undersigned hereby certifies that the reporting information is correct for the payroll period indicated.**

**EMAIL: [srichburg@m4a.org](mailto:srichburg@m4a.org) or 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: \_\_\_\_\_