

**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**  
Thursday, February 1, 2024

**PAYROLL ENDING DATE**  
Thursday, February 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>
Thursday, February 1, 2024					
Friday, February 2, 2024					
Saturday, February, 3, 2024					
Sunday, February, 4, 2024					
Monday, February, 5, 2024					
Tuesday, February, 6, 2024					
Wednesday, February 7, 2024					
Thursday, , February 8, 2024					
Friday, , February 9, 2024					
Saturday, February 10, 2024					
Sunday, February 11, 2024					
Monday, February 12, 2024					
Tuesday , February 13, 2024					
Wednesday , February 14, 2024					
Thursday , February 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: \_\_\_\_\_