

**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, December 16, 2024**

**PAYROLL ENDING DATE**

**Tuesday, December 31, 2024**

<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, December 16, 2024					
Tuesday, December 17, 2024					
Wednesday, December 18, 2024					
Thursday, December 19, 2024					
Friday, December 20, 2024					
Saturday, December 21, 2024					
Sunday, December 22, 2024					
Monday, December 23, 2024					
Tuesday, December 24, 2024					
Wednesday, December 25, 2024					
Thursday, December 26, 2024					
Friday, December 27, 2024					
Saturday, December 28, 2024					
Sunday, December 29, 2024					
Monday, December 30, 2024					
Tuesday, December 31, 2024					
<b>TOTALS</b>					

**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: \_\_\_\_\_