

**Time/Attendance Sheet**

Name (print legibly, in ink) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Services Specialist Signature**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time**  **In** | **Lunch Out** | **Lunch**  **In** | **Time Out** | **Total Hours** | **Participant Initials** | **Supervisor Initials** |
| **M** |  |  |  |  |  |  |  |  |
| **T** |  |  |  |  |  |  |  |  |
| **W** |  |  |  |  |  |  |  |  |
| **Th** |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |
| **M** |  |  |  |  |  |  |  |  |
| **T** |  |  |  |  |  |  |  |  |
| **W** |  |  |  |  |  |  |  |  |
| **Th** |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |

Total Hours Worked: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date Supervisor Signature Date

Timesheet must be filled out completely and accurately by participants and supervisors.

No one will be paid without a signed time sheet! Please use ink.