

Participant complete **green highlighted areas**; Worksite Supervisor **blue areas** and Provider staff **yellow areas**.

TIMESHEET - Pay Period End Date: _____

Transitional Jobs: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Work Experience: <input type="checkbox"/> In-School <input type="checkbox"/> Out of School <input type="checkbox"/> N/A	
Participant Name:		STATE ID #:	
Worksite:		Worksite Phone Number:	
WX Agreement #:	Worksite Supervisor Name:	Work Permit: <input type="checkbox"/> Yes <input type="checkbox"/> N/A Valid from: _____ to: _____	
Total hours allowed:	Alternate Supervisor Name:	Maximum hours allowed:	
Final time sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Per day:____ Per week:_____	

- Complete in ink pen or electronically. Pencil is not allowed!
- **Work time must always be recorded after the work is performed, never before.**
- Fill the form out **carefully**. **Both** Participant **and** Supervisor must initial **every** correction to authorize **any** changes to this timesheet. Scratch outs or whiteout correction fluid ARE NOT ALLOWED!

Enter Exact Time In and Time Out for Hours Worked in each space. For absences enter "Ø"; "HOL" for Holidays.

- Round off hours worked to the closest quarter hour [15 minutes].
- A lunch break of at least 30 minutes is required if participant work over 5 hours. Participant must sign out and in for lunch.
- **No overtime hours** will be authorized for payment, i.e., no more than 8 hours a day or 40 hours a week.

	Date	Time In	Lunch		Time Out	Daily Total		Date	Time In	Lunch		Time Out	Daily Total
			Out	In						Out	In		
Sun							Sun						
Mon							Mon						
Tues							Tues						
Wed							Wed						
Thurs							Thurs						
Fri							Fri						
Sat							Sat						
Total Hours Worked		Week 1:		Week 2:		Total Hours Worked in Pay Period							

I certify that the above reported hours of work are accurate and do not exceed the total hours allowed.

Participant Signature _____ Date _____

Worksite Supervisor Signature _____ Date _____

I carefully reviewed this timesheet.

Staff Signature _____ Date _____

Balance of Hours available at:
Start of pay period: _____
End of pay period: _____

FOR PROVIDER OF SERVICE USE ONLY			
Supportive Service Provided	Rate of Pay	Total Units	Amount Due
Childcare		Hrs.	
Mileage		Days	
Needs Related Payment		Hrs.	
		Total	

- The participant and Supervisor must each sign the timesheet with an official signature (NO INITIALS), certifying that the participant worked the hours listed. **The date of all signatures must be on or after the last day of work.**
- **Provider Staff: Make sure you review each timesheet for errors while at the worksite.** Work with the participant and Worksite Supervisor to correct all errors on the timesheet **before leaving** to minimize disruptions at the Worksite. Give participant a copy of his/her time sheet.