

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"/> No		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: _____	
Agreement #: _____		Worksite Supervisor Name: _____	
Total Hours allowed: _____		Alternate Supervisor Name: _____	
Final time sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Permit: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Maximum hours allowed: Per day: _____ Per week: _____
Valid from: _____ to: _____			

- Complete in **ink** pen. 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 white-out 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 works 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 _____

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

I carefully reviewed this timesheet.

Staff Signature _____			Date _____	
For Provider of Service Use Only				
Supportive Service Provided		Rate of Pay	Total Units	Amount Due
Child Care			Hrs	
Mileage			Days	
Needs Related Payments			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 their time sheet.