

## WORK EXPERIENCE TIMESHEET

PARTICIPANT NAME: \_\_\_\_\_

WORKSITE: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_

**WEEK ONE**

| Day                       | Date | Hours Worked | Job Duties/Tasks Performed Daily <b>(Required)</b> |
|---------------------------|------|--------------|--|
| SUNDAY                    |      |              |  |
| MONDAY                    |      |              |  |
| TUESDAY                   |      |              |  |
| WEDNESDAY                 |      |              |  |
| THURSDAY                  |      |              |  |
| FRIDAY                    |      |              |  |
| SATURDAY                  |      |              |  |
| <b>TOTAL HOURS WORKED</b> |      |              |  |

**WEEK TWO**

| Day                       | Date | Hours Worked | Job Duties/Tasks Performed Daily <b>(Required)</b> |
|---------------------------|------|--------------|--|
| SUNDAY                    |      |              |  |
| MONDAY                    |      |              |  |
| TUESDAY                   |      |              |  |
| WEDNESDAY                 |      |              |  |
| THURSDAY                  |      |              |  |
| FRIDAY                    |      |              |  |
| SATURDAY                  |      |              |  |
| <b>TOTAL HOURS WORKED</b> |      |              |  |

**EVALUATION**

|                |          |               |          |             |          |
|----------------|----------|---------------|----------|-------------|----------|
| Communications | EX G F P | Dependability | EX G F P | Attitude    | EX G F P |
| Initiative     | EX G F P | Productivity  | EX G F P | Punctuality | EX G F P |
| Appearance     | EX G F P | Team Player   | EX G F P | Conduct     | EX G F P |

**I certify that the above hours are correct.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Timesheet must be completed, signed and dated prior to issuing payment to the participant.**