

WORK EXPERIENCE TIMESHEET
2016 TANF WEX

TANF.05

PARTICIPANT NAME: _____

WORKSITE: _____

PAY PERIOD END DATE: _____

WEEK ONE

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

WEEK TWO

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

SUPERVISOR 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 there are no overtime hours and 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.

Reviewed and approved by: _____ Date _____
(agency staff)