Senior Community Service Employment Program (SCSEP)

**PARTICIPANT TIMESHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Host Agency: |  | Week Ending:  |  |
| Date | Regular Hours | **Holiday** | **Training Hours** | **Total** |
| Week #1 ending  |  |  |  |  |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday**  |  |  |  |  |
| **Friday** |  |  |  |  |
| / |  |  |  |  |
| Week #2 ending  |  |  |  |  |
| Monday |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Total Hours** |  |  |  |  |
|  | **Regular Hours** | **Holidays** | **Training Hours** | **Grand Total** |

**Host Agency In-Kind Contributions:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Supervised # of Hours** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** | **Supplies** | **$\_\_\_\_\_\_\_\_\_** | **Rent** | **$\_\_\_\_\_\_\_\_\_\_** |
| **Telephone****Please fax timesheet (fax #xxx-xxx-xxxx) the second Friday of pay period and mail original. Attention:**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** | **Transportation** | **$\_\_\_\_\_\_\_\_\_** | **Other/Specify** | **$\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **Trainee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |