



PROGRAM _____

Youth/Adult Work Experience – PAYROLL TIMESHEETName _____ Social Security Number (Last 4 digits only) _____
(Print)Worksite Company _____
(Print)Supervisor Name _____ Supervisor Phone _____
(Print) (Print)Mgt. Contractor _____ Mgt. Contractor Phone _____
(Print) (Print)

Payroll for the Week Ending on Friday the (Date) _____

MM/DD	Saturday (/)	Sunday (/)	Monday (/)	Tuesday (/)	Wednesday (/)	Thursday (/)	Friday (/)	Total Work Hours
Time IN								
Time OUT								
Less Lunch								
TOTAL								

Performance Evaluation (To be completed by Worksite Supervisor)

PERFORMANCE FACTORS	EXCELLENT	ABOVE AVERAGE	SATISFACTORY	NOT ACCEPTABLE
Attendance/Punctuality				
Quality of Work				
Willingness to Learn				
Follows Instructions				
Working Relationships				
Dependability				
Personal Behavior				
Personal Appearance				

Remarks: _____

Participant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Mgt. Contractor's Authorization Signature _____ Date _____

DISTRIBUTION: Copy 1– Payroll
Copy 2 – Contractor and Copy 3 - Participant