



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 | | | | | | | | |

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 | | | | | | | | |

GRAND TOTAL **Work Hours** (Both Weeks Combined)

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