



Work Experience – PAYROLL TIMESHEET

| | |
|-----------------------------------|---|
| Name _____ (Print) | Social Security Number (Last 4 digits only) _____ |
| Worksite Company _____ (Print) | |
| Supervisor Name _____ (Print) | Supervisor Phone _____ (Print) |
| WE Contractor _____ (Print) | WE Contractor Phone _____ (Print) |

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

| | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Total Work Hours |
|-----------|----------|--------|--------|---------|-----------|----------|--------|------------------|
| Time IN | | | | | | | | |
| Lunch OUT | | | | | | | | |
| Lunch IN | | | | | | | | |
| Time Out | | | | | | | | |
| TOTAL | | | | | | | | |

GRAND TOTAL Work Hours

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: _____

I/We Certify that the hours submitted on this timesheet are accurate:

Participant's Signature _____ Date _____

Worksite Supervisor's Signature _____ Date _____

Workforce Authorization Signature _____ Date _____

**DISTRIBUTION: Copy 1 and 2 – Payroll
Copy 3 - Supervisor and Copy 4 - Participant**