



Program: _____ Check **only** one: ☐ Subsidized Employment

Participant Name: _____ ☐ Education/ Leadership

Participant ID#: _____ Last 4 Digits of SSN: _____ ☐ Other: _____

Worksite Agency Name: _____ Worksite Location: _____

Site Supervisor's Name: _____ EMI Specialist's Name: _____

This document must be personally filled out and signed by the participant.

From: _____ To: _____
 Time Sheet Pick-Up Date: _____ Check Delivery Date: _____
 Pay Rate: _____ Scheduled Hours: _____

[illegible]

Employees may **not** work overtime. Employee certifies the hours worked are true and correct to the best of his/her knowledge and that this is an after the fact determination of the actual activities for the time period. Supervisor certifies the same.

Date _____

Form Date: 08/13/25