

Participant Timesheet

Program:			Check only one:	\square Subsidized Employment		
				☐ Education/ Lea	dership	
Participant Name:				□Other:		
			ts of SSN:			
Worksite Agency Name:			Worksite Location:			
Site Supervisor's Name:			EMI Specialist's	EMI Specialist's Name:		
			Pay Period			
	This document must		illed out and signed b	y the participant.		
From:			To:			
	lp Date:		Check Delivery Date:			
			Scheduled Hours:			
,					=	
Day	Date	Hours	Site Supervisor Co	mments (please co	ontinue on the	
- /			back if necessary			
Monday			- Suck in the design y			
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
•	Total Hours for Week 1				-	
Monday					-	
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	Total Hours for Week 2					
Total Hours f	or Complete Pay Period					
•	te a minimum of five hours a Leadership Instruction in o			for the Education stip	end. Students are	
	ork overtime. Employee cer determination of the actua				nowledge and that	
Participant Signature		Date	Site Supervisor Sign	ature	Date	
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Form Date: 08/13/25