Employ Milwaukee Subsidized Employment Timesheet Program: __WIOA/Non-WIOA Youth___

WORKSITE AGENCY NAME	WORKSITE LOCATION:
SITE SUPERVISOR'S NAME	
EMI SPECIALIST'S NAME	EMPLOYEE ID #
	PAY PERIOD
FROM	то
TIME SHEET PICK-UP DATE	CHECK DELIVERY DATE
PAY RATE	SCHEDULED HOURS
DAY	DATE HOURS
Monday	DATE THORKS
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL HOURS FOR	WEEK ONE
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL HOURS FOR	WEEK TWO
TOTAL HOURS FOR	THE COMPLETE PAY PERIOD
Employees may not work overtime. This time s hours worked are true and correct to the best of time period. Supervisor certifies the same.	heet must be personally filled out and signed by the employee. Employee certifies the his/her knowledge and that this is an after the fact determination of the actual activities for the
Subsidized Worker's Signature Site Supervisor Comments (please continue on	Site Supervisor's Signature

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