

Work Experience Activity Time Sheet

Customer Name:	Worksite Name and Address:	Time Period
Last Four Digits of SS#:		From: To:

Clearly Print Name for Accurate Processing of the Timesheet – **USE INK ONLY**

	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
Date:								No more than 40 hours per week
IN								
LUNCH								
Out								
Total Hours								Signature of Participant Date

I certify that the activities listed are correct. I understand that penalties are provided for willful misrepresentation made to obtain payments to which I am not entitled.

Supervisors rating of participant:

- **Job Performance** ☐ **Satisfactory** ☐ **Unsatisfactory**
- **Promptness** ☐ **Satisfactory** ☐ **Unsatisfactory**
- **Team Work** ☐ **Satisfactory** ☐ **Unsatisfactory**
- **Attitude** ☐ **Satisfactory** ☐ **Unsatisfactory**

Please comment of participant's progress:

Supervisors Signature

Date