

A proud partner of the American obCenter network

Customer Name:				Worksite Name and Address:			Time Period From: To:		
Last Four Digits of SS#:									
									Clearly Print Name for Accurate Processing of the Timesheet – USE INK ONLY
	Mon	Tues	Wed	l 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:									
				Supervisor	Supervisors Signature			Date	

Work Experience Activity Time Sheet

Workforce Solutions Rural Capital Area is an Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD)