



Work Experience Coastal Bend – PAYROLL TIMESHEET

Name _____ (Print)	Twist ID # _____
Worksite Company _____ (Print)	
Supervisor Name _____ (Print)	Supervisor Phone _____
WE Contractor <u>C2 Global Professional Services</u>	WE Contractor Phone _____

Payroll for the Week Ending on Friday the (Date) _____

MM/DD	Saturday (/)	Sunday (/)	Monday (/)	Tuesday (/)	Wednesday (/)	Thursday (/)	Friday (/)	Total Work Hours
Time IN								
Lunch OUT								
Lunch IN								
Time OUT								
TOTAL								

Payroll for the Week Ending on Friday the (Date) _____

MM/DD	Saturday (/)	Sunday (/)	Monday (/)	Tuesday (/)	Wednesday (/)	Thursday (/)	Friday (/)	Total Work Hours
Time IN								
Lunch OUT								
Lunch IN								
Time OUT								
TOTAL								

GRAND TOTAL Work Hours

Performance Evaluation (To be completed by Worksite Supervisor)

PERFORMANCE FACTORS	EXCELLENT	ABOVE AVERAGE	SATISFACTORY	NOT ACCEPTABLE
Attendance/Punctuality				
Quality of Work				
Willingness to Learn				
Follows Instructions				
Working Relationships				
Dependability				
Personal Behavior				
Personal Appearance				

Remarks: _____ Funding Source _____

Participant's Signature _____ Date _____

Career Counselor Signature _____ Date _____

Manager Approval _____ Date _____

Worksite Supervisor _____ Date _____