

Program	

Youth/Adult Work Experience - PAYROLL TIMESHEET

Name											TWIST I.D)					
Morko!to O) man anu	(Prin	t)														
Worksite Co	ompany									(Prir	nt)						
Supervisor I	Name									`	Supervis	sor	Phone				
•	Supervisor Name (Print)													(Print)			
Mgt. Contractor (Print)				_	Mgt. Contractor Phone												
(Print)					(Print)												
Payroll for the Week Ending Saturday the (Date)																	
	Sunday	Mo	nday	Гт	Tuesday		V	Vednesc	lav	Т	hursday	l	Friday			Saturday	Total Work
MM/DD	(/)	(/)	(/)	(/))	(/)	(/ /)	(/)	Hours
Total																	
Dourell for	the Week Endin	a Cat	urday th	م (D	ata)												
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	Sunday	Мо	nday	T	Tuesday		V	Vedneso	lay	Т	hursday		Friday		5	Saturday	Total Work
MM/DD	(/)	(/)	(1)	(1)	(/)	(1)	(/)	Hours
Total																	
								GRA	AND .	TOT	AL Work ho	ours	s (Both V	Veel	ks C	ombined)	
Performanc	e Evaluation (To	be cor	npleted b	y Wo	orksite :	Sup	ervi	sor)									
PERFORMANCE FACTORS			EXCELLENT				ABOVE AVERAGE			E	SATISFACTORY				NOT ACCEPTABLE		
Atte	ndance/Punctuality																
(Quality of Work																
Wil	lingness to Learn																
Fol	llows Instructions																
Wor	rking Relationship																
	Dependability																
Pe	ersonal Behavior																
Per	sonal Appearance																
Remarks:																	
My signature below certifies that I have worked all hours as indicated on this form.																	
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Participant's	Signature				Date		_			S	upervisor's	Sigi	nature			Date	
											ISTRIBUTIO						
Mgt. Contractor's Authorization Signature Date Copy 2 – Contractor and Copy 3 - Participant																	