



Program _____

Youth/Adult Work Experience – PAYROLL TIMESHEET

Name _____ (Print)	TWIST I.D. _____
Worksite Company _____ (Print)	
Supervisor Name _____ (Print)	Supervisor Phone _____ (Print)
Mgt. Contractor _____ (Print)	Mgt. Contractor Phone _____ (Print)

Payroll for the Week Ending Saturday the (Date) _____

MM/DD Total	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Work Hours
	(/)	(/)	(/)	(/)	(/)	(/)	(/)	

Payroll for the Week Ending Saturday the (Date) _____

MM/DD Total	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Work Hours
	(/)	(/)	(/)	(/)	(/)	(/)	(/)	

GRAND TOTAL Work hours (Both Weeks Combined) _____

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 Relationship				
Dependability				
Personal Behavior				
Personal Appearance				

Remarks: _____

My signature below certifies that I have worked all hours as indicated on this form.

Participant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Mgt. Contractor's Authorization Signature _____ Date _____

**DISTRIBUTION: Copy 1 – Payroll
Copy 2 – Contractor and Copy 3 - Participant**