



Youth/Adult Work Experience – PAYROLL TIMESHEET

Name _____ (Print)	Social Security Number (Last 4 digits only) _____
Worksite Company _____ (Print)	
Supervisor Name _____ (Print)	Supervisor Phone _____ (Print)
WE Contractor _____ (Print)	WE Contractor Phone _____ (Print)

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

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

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

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

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 Relationships				
Dependability				
Personal Behavior				
Personal Appearance				

Remarks: _____

Participant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

DISTRIBUTION: Copy 1– Payroll
Copy 2 - Participant