



Work Experience WFS North Central – PAYROLL TIMESHEET

Name _____ (Print) Twist ID # _____

Worksite Company _____ (Print)

Supervisor Name _____ (Print) Supervisor Phone _____ (Print)

Program/Fund Code _____ Workforce Center _____

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

	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) _____

	Saturday (/)	Sunday (/)	Monday (/)	Tuesday (/)	Wednesday (/)	Thursday (/)	Friday (/)	Total Work Hours
Time IN								
Time OUT								
Less Lunch								
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: _____

Participant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Workforce Staff Authorization Signature _____ Date _____

**DISTRIBUTION: Copy 1 and 2 – Payroll
Copy 3 - Supervisor and Copy 4 - Participant**