



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) _____

	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: _____

I/We certify that the hours submitted on this timesheet are accurate:

Participant's Signature _____ Date _____

Worksite Supervisor's Signature _____ Date _____

TWC/VRS Authorization Signature _____ Date _____

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