



Work Experience West Central Texas – PAYROLL TIMESHEET

Name _____ (Print) Twist ID # _____

Worksite Company _____ (Print)

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

Workforce Area Workforce Solutions of West Central Texas Center Phone 325-795-4200

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								
Fiscal Use Only								

GRAND TOTAL For Pay Period

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 _____

Career Specialist Signature _____ Date _____

Worksite Supervisor _____ Date _____

Fiscal Use Only

Fund Code: _____