



YOUTH WORK EXPERIENCE TIME SHEET

Approvals	
Agency:	
MIS:	

EMPLOYEE NAME _____
(PRINT)

EMPLOYEE NUMBER _____

PAY PERIOD ENDING _____

WORK SITE _____

WIA Youth I/S

County Youth

JOB CODE _____

WIA Youth O/S

Other

Day	Date	From	To	Lunch		From	To	Total Hours Worked
				From	To			
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL HOURS								

TOTAL REG HRS _____

TOTAL OT HRS _____

TOTAL HOURS _____

I certify that all the information on this report is true and correct

Employee Signature _____

Supervisor Approval _____

Time cards must be dated, signed and approved. Lunch periods must be noted on time cards. Failure to fill out time cards completely and correctly may result in incorrect and/or delayed pay. All columns, for all hours to be paid, must be totaled. Additional information regarding labor distribution or pay rates should be noted on the reverse of this time sheet.

SEPARATE TIME SHEET REQUIRED FOR EACH JOB SITE AND/OR RATE

EMPLOYER EVALUATION	5 = Excellent	4 = Above Average	3 = Average
circle one	2 = Below Average	1 = Poor	