

Associates for Training and Development

Advancing Workforce Development for Mature Workers since 1983

Connecticut Participant Payroll Guide

This guide includes the follow information to assist with the submission of timesheets for bi-weekly payroll processing:

- A) Blank timesheet
- B) Sample completed timesheet
- C) Payroll cycle schedule
- D) Payroll cycle Explanation of Host Agency in-kind donations

Timesheets

It is your responsibility to complete and submit your timesheet because this is a requirement of most jobs. SCSEP staff or your Host Agency supervisor can help you if you have questions, and your Host Agency Supervision is responsible for approving your timesheet.

Host Agency hours:

You should record the exact number of hours, rounded to the $\frac{1}{4}$ hour, spent training at the Host Agency next to the appropriate day of the week in the “# of Hours at Host Agency” column. Only the hours you were physically present at the Host Agency should be recorded.

Off-Site Training (Meetings and Trainings NOT at your Host Agency):

If you attended a Network to Work Meeting or another off-site training assignment (ex. Resume Writing, MS Office Suite computer training classes, etc.) as directed by SCSEP staff, you will put those hours in the appropriate “# of Hours at Off-Site Training” column. Be sure to provide a brief description of the training (provider and name of class i.e. KLS-Resume Writing) in the column headed “Explanation of Off-Site Training”.

Total Hours:

Record the **total** number of Host Agency **and** Off-Site Training hours in the Total Daily Hours column in the row for the appropriate day of the week. **Participants may not train more than 8 hours a day.** Please also enter the total number of hours for each column.

Signatures:

Participant: After you have completed your training for the payroll cycle and entered all of your hours, be sure to sign and date your timesheet. Then give the timesheet to your Host Agency supervisor for completion. **Timesheets submitted in advance of actual training hours recorded being performed will not be accepted.**

Host Agency supervisor: At the end of your last day of training in the payroll period, please ask your Host Agency supervisor to **fill in the value of in-kind contributions from non-federal sources** for the period (in the lower left corner of the timesheet) (if the value is zero, please enter 0) and **sign & date** the timesheet.

Once your Host Agency supervisor reviews and signs your timesheet (ideally your last day of training in the payroll period), fax or email it to the SCSEP finance office using the 800# or email address printed in the upper left-hand corner of your timesheet. You should keep your original timesheet for your reference. You will not need to send that to us.

Before submitting your timesheet, be sure it has:

- ✓ *Your name*
 - ✓ *Your Host Agency name*
 - ✓ *Training dates*
 - ✓ *# of Host Agency training hours, rounded to the ¼ hour entered for each day you trained*
 - ✓ *The total Host Agency hours for the two-week pay period*
 - ✓ *# of Off-Site training hours, rounded to the ¼ hour, entered as appropriate, including an explanation of training*
 - ✓ *The total Off-Site training hours for the two-week pay period*
 - ✓ *Combined daily total of Host Agency and Off-Site training hours*
 - ✓ *Your signature & date signed*
 - ✓ *Your Host Agency supervisor's signature & date signed*
 - ✓ *Any Host Agency non-federal in-kind donation information*
-

Completed timesheets are to be faxed or emailed no later than the close of business on the last Friday of the payroll cycle, (or Saturday if participant is scheduled to train on Saturdays). Any late timesheets received will be processed in the following pay period and your paycheck will be delayed by two weeks. Therefore it is critical for you to submit your timesheets in a timely manner.

Direct deposit of your payroll check is strongly encouraged. If you are unable to receive direct deposit you will be issued a Payroll Debit Card.

In the event you are unable to train during your regularly scheduled hours because your host training site may be closed for any reason (holidays, weather events, etc.), you may make up your hours within the payroll period.

Your bi-weekly payroll paystubs and annual W2 forms will be mailed to the address you have provided us. **Please notify us as soon as possible of any changes to your mailing address information.** Also, **please keep a file of your payroll paystubs and W2 forms** for future wage verification requirements from other assistance programs.

If you have any questions, please call your Case Management Participant Assistant, Regional Coordinator or Regional Director for assistance.

Thank you!

SCSEP - Participant Timesheet

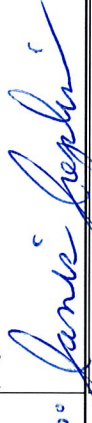
Please FAX Timesheet to: 1-800-901-1531 or scan & email to Finance@a4td.org
Please enter your hours, sign, have supervisor enter in-kind value & sign, fax or email timesheet at the end of your last day of training in the payroll period.

Participant Name:				Host Agency Name:	TOTAL DAILY HOURS	EXPLANATION of OFF-SITE Training Hour Activities (Examples: SCSEP Orientation Services; NTW = Network to Work; GED Class; KLS; GCF; GSU = Get Set Up; T4T = Tech for Tomorrow; Coursera; PCA Course online; ServSafe Class; MS Word Class at ALC; ESL Class at Center for Workforce Development; Mentor Meeting, etc.)
TRAINING DAYS	TRAINING DATES	# of HOURS at HOST AGENCY	# of HOURS at OFF-SITE TRAINING			
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total hours for each column:				HOST AGENCY	OFF-SITE	TOTAL
Participant Signature (please sign on line above)						Date
IN KIND Donations by HOST AGENCY (Site Supervisor Completes)						I certify that this is a true and accurate reporting of time worked and reported for the SCSEP Program. I also certify that in-kind contributions are from NON-FEDERAL sources and these contributions have not been claimed on any other federal program.
Please enter the value of Supervisor's in-kind wages donated: Hourly wage rate X # of hours spent supervising/training the participant = \$ -						
Host Agency Signature (please sign on line above)						Date

SCSEP - Participant Timesheet

Please FAX Timesheet to: 1-800-901-1531 or scan & email to Finance@a4td.org

Please enter your hours, sign, have supervisor enter in-kind value & sign, fax or email timesheet at the end of your last day of training in the payroll period.

Participant Name: Grace Potter				Host Agency Name:	Restore
TRAINING DAYS	TRAINING DATES	# of HOURS at HOST AGENCY	# of HOURS at OFF-SITE TRAINING	TOTAL DAILY HOURS	EXPLANATION of OFF-SITE Training Hour Activities (Examples: SCSEP Orientation Services; NTW = Network to Work; GED Class; KLS; GCF; GSU = Get Set Up; T4T = Tech for Tomorrow; Coursera; PCA Course online; ServSafe Class; MS Word Class at A/C; ESL Class at Center for Workforce Development; Mentor Meeting, etc.)
Sunday	3/31/2024			-	
Monday	4/1/2024	5.00	-	5.00	
Tuesday	4/2/2024	5.00	-	5.00	
Wednesday	4/3/2024	5.00	-	5.00	
Thursday	4/4/2024	5.00	-	5.00	
Friday	4/5/2024	5.00	-	5.00	
Saturday	4/6/2024			-	
Sunday	4/7/2024			-	
Monday	4/8/2024	5.00	-	5.00	
Tuesday	4/9/2024	5.00	-	5.00	
Wednesday	4/10/2024	5.00	-	5.00	
Thursday	4/11/2024	1.00	4.00	5.00	NTW Meeting: 4
Friday	4/12/2024	5.00	-	5.00	
Saturday	4/13/2024			-	
Total hours for each column:				HOST AGENCY 46.00 OFF-SITE 4.00 TOTAL 50.00	The undersigned hereby certifies that the hours reported above are correct for the period indicated and DO NOT include lunch time.
Participant Signature (please sign on line above)					Date
					4/12/2024
IN KIND Donations by HOST AGENCY (Site Supervisor Completes)					
Please enter the value of Supervisor's in-kind wages donated: Hourly wage rate X # of hours spent supervising/training the participant = <u>\$200.00</u>					
Host Agency Signature (please sign on line above)					Date
					4/12/24

SCSEP - Participant Timesheet

Please FAX Timesheet to: 1-800-901-1531 or scan & email to Finance@a4td.org

Please enter your hours, sign, have supervisor enter in-kind value & sign, fax or email timesheet at the end of your last day of training in the payroll period.

Participant Name: George Harrison				Host Agency Name:
TRAINING DAYS	TRAINING DATES	# of HOURS at HOST AGENCY	# of HOURS at OFF-SITE TRAINING	TOTAL DAILY HOURS
Sunday	3/31/2024			-
Monday	4/1/2024	-	6.00	6.00
Tuesday	4/2/2024	-	6.00	6.00
Wednesday	4/3/2024	-	6.00	6.00
Thursday	4/4/2024	-	6.00	6.00
Friday	4/5/2024	-	6.00	6.00
Saturday	4/6/2024			-
Sunday	4/7/2024			-
Monday	4/8/2024	-	6.00	6.00
Tuesday	4/9/2024		6.00	6.00
Wednesday	4/10/2024	-	6.00	6.00
Thursday	4/11/2024	-	6.00	6.00
Friday	4/12/2024	-	6.00	6.00
Saturday	4/13/2024			-
Total hours for each column:		HOST AGENCY -	OFF-SITE 60.00	TOTAL 60.00

IN KIND Donations by HOST AGENCY (Site Supervisor Completes)	
Please enter the value of Supervisor's in-kind wages donated: Hourly wage rate X # of hours spent supervising/training the participant =	\$ -

The undersigned hereby certifies that the hours reported above are correct for the period indicated and DO NOT include lunch time. <i>George Harrison</i> Participant Signature (please sign on line above)		4/12/2024 Date
I certify that this is a true and accurate reporting of time worked and reported for the SCSEP Program. I also certify that in-kind contributions are from NON-FEDERAL sources and these contributions have not been claimed on any other federal program. <i>Etta James</i> Host Agency Signature (please sign on line above)		4/12/24 Date



ADVANCING WORKFORCE
DEVELOPMENT FOR
MATURE WORKERS
SINCE 1983

2023/2024 Payroll Periods and Date Payments Issued

Connecticut

Fax to: 1-800-901-1531 or scan email to : Finance@a4td.org

<u>Weeks Ending (Saturday)</u>				<u>Date Payment Issued</u>			
1-Jul	and	8-Jul	2023	Fri	14-Jul	2023	
15-Jul	and	22-Jul	2023	Fri	28-Jul	2023	
29-Jul	and	5-Aug	2023	Fri	11-Aug	2023	
12-Aug	and	19-Aug	2023	Fri	25-Aug	2023	
26-Aug	and	2-Sep	2023	Fri	8-Sep	2023	
9-Sep	and	16-Sep	2023	Fri	22-Sep	2023	
23-Sep	and	30-Sep	2023	Fri	6-Oct	2023	
7-Oct	and	14-Oct	2023	Fri	20-Oct	2023	
21-Oct	and	28-Oct	2023	Fri	3-Nov	2023	
4-Nov	and	11-Nov	2023	Thurs	17-Nov	2023	
18-Nov	and	25-Nov	2023	Fri	1-Dec	2023	
2-Dec	and	9-Dec	2023	Fri	15-Dec	2023	
16-Dec	and	23-Dec	2023	Fri	29-Dec	2023	
30-Dec	and	6-Jan	2024	Fri	12-Jan	2024	
13-Jan	and	20-Jan	2024	Fri	26-Jan	2024	
27-Jan	and	3-Feb	2024	Fri	9-Feb	2024	
10-Feb	and	17-Feb	2024	Fri	23-Feb	2024	
24-Feb	and	2-Mar	2024	Fri	8-Mar	2024	
9-Mar	and	16-Mar	2024	Fri	22-Mar	2024	
23-Mar	and	30-Mar	2024	Fri	5-Apr	2024	
6-Apr	and	13-Apr	2024	Fri	19-Apr	2024	
20-Apr	and	27-Apr	2024	Fri	3-May	2024	
4-May	and	11-May	2024	Fri	17-May	2024	
18-May	and	25-May	2024	Fri	31-May	2024	
1-Jun	and	8-Jun	2024	Fri	14-Jun	2024	
15-Jun	and	22-Jun	2024	Fri	28-Jun	2024	
29-Jun	and	6-Jul	2024	Fri	12-Jul	2024	
13-Jul	and	20-Jul	2024	Fri	26-Jul	2024	

If you do not elect to use Direct Deposit, you will be issued a Payroll Debit Card that will be sent to the mailing address you have provided.

Host Agency “In-Kind” SCSEP Grant Match Contributions

- ❖ The US Department of Labor requires Senior Community Service Employment Program (SCSEP) administrators to raise at least 10 % of the total cost of activities carried out under their grant projects through resources from the community base it serves.
- ❖ This matching requirement is primarily met with a non-cash donation from our host agency partners. This is called an “in-kind” contribution.
- ❖ Most in-kind contributions to our SCSEP project come in the form of the value of the time spent by host agency personnel directly supervising and training program participants.
- ❖ Direct supervision includes any one-on-one time a supervisor spends with a program participant for example, teaching him/her a new skill, actively supervising his/her work, explaining a task, answering their questions, etc.
- ❖ In-kind donations may only come from **Non-Federally** funded sources. Here are a few examples for determining in-kind contributions. In each case, the site supervisor is paid \$25 per hour and spends 4 hours per week directly supervising or training a program participant. The calculation for the value of these services would be \$25 per hour * 8 hours over the two week payroll cycle = \$200 :
 - A host site is 100% privately or state funded. Since the site supervisor’s position is privately funded, in this case the whole \$200 value may be recorded as an in-kind contribution.
 - A host site is 50% privately or state funded and 50% federally funded. Since the supervisor’s position is 50% federally funded, only half of the \$200 (or \$100) may be recorded as an eligible in-kind contribution.
 - A host site is 100% federally funded. Since the supervisor’s position is 100% federally funded in this case, none of the \$200 value of the services provided may be recorded as an in-kind contribution.
- ❖ If you have any questions, please don’t hesitate to contact our local Training Center staff. We really appreciate the important work you do with training SCSEP participants.

Please see reverse side for the in-kind donation recording guide

Where & When are "In-Kind" Donations recorded?

- ❖ In-kind contributions are recorded on SCSEP participant timesheets, bi-weekly, in the space just to the left of the host agency supervisor signature, (please see the host agency section depicted below, as it appears at the bottom of the timesheet).

IN KIND Donations by HOST AGENCY (Site Supervisor Completes)		I certify that this is a true and accurate reporting of time worked and reported for the SCSEP Program. I also certify that in-kind contributions are from NON-FEDERAL sources and these contributions have not been claimed on any other federal program.	
Please enter the value of Supervisor's in-kind wages donated: Hourly wage rate X # of hours spent supervising/training the _____ \$ _____		/ / 20##	
		Host Agency Signature (please sign on line above)	
		Date	

- ❖ Please remember, we can only take credit for Non-Federally funded donations. So if your host agency is not federally funded or only partially federally funded, please record the value of your in-kind donation on our participant's time sheet each payroll cycle. When the supervisor signs the timesheet they certify that the in-kind contributions recorded are from Non-Federal sources and they have not been claimed as a match on any other federal program.

We value your partnership and support of our Mature Workers!