

SCSEP - Participant Timesheet

Please FAX Timesheet to: 1-800-608-9418 or scan & email to FinanceME@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.

ASSOCIATES FOR TRAINING & DEVELOPMENT SINCE 1983					timesheet at the end of your last day of training in the payron period.
IParticipant Name:				Host Agency Name:	
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: PRA = Participant Required Activities including SCSEP Orientation Services, Offer of Physical Exam, Safety Consultation, Assessment/IEP; NTW = Network to Work; GED Class; KLS; GCF; GSU = Get Set Up; T4T = Tech for Tomorrow; Coursera; EDSI; PCA Course online; ServSafe Class; MS Word Class at AJC; ESL Class at Center for Workforce Development; Mentor Meeting, etc.)
Sunday				-	
Monday		-	-	-	
Tuesday		-	-	-	
Wednesday		-	-	-	
Thursday		-	-	-	
Friday		-	-	-	
Saturday			-	-	
Sunday				-	
Monday		-	-	-	
Tuesday			-	-	
Wednesday		-	-	-	
Thursday		-	-	-	
Friday		-	-	-	
Saturday				-	
Total hours for each column:		- HOST AGENCY	- OFF-SITE	- TOTAL	The undersigned hereby certifies that the hours reported above are correct for the period indicated and DO NOT include lunch time .
		HOST AGENCI	JII JIIL	IOIAL	
P					Participant Signature (please sign on line above)
					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 =					
v.4.10.24 fillable					Host Agency Signature (please sign on line above)