



SCSEP - Participant Timesheet

Please FAX Timesheet to: 1-800-889-1503 or scan & email to FinancePA@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.

<b>Participant Name:</b>				<b>Host Agency Name:</b>	
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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					

<b>Total hours for each column:</b>					The undersigned hereby certifies that the hours reported above are correct for the period indicated and <b>DO NOT</b> include lunch time.
	HOST AGENCY	OFF-SITE	TOTAL		
					<b>Participant Signature</b> (please sign on line above) <span style="float: right;"><b>Date</b></span>

<b>IN KIND Donations by HOST AGENCY ( Site Supervisor Completes )</b>				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 NON-FEDERAL wages donated:					
*	=				

# of hours spent supervising/training the participant	*	Supervisor's hourly wage rate	=	Total In-kind Donation	Host Agency Signature (please sign on line above) <span style="float: right;"><b>Date</b></span>
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