



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:	
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:					The undersigned hereby certifies that the hours reported above are correct for the period indicated and DO NOT include lunch time.
		HOST AGENCY	OFF-SITE	TOTAL	
					Participant Signature (please sign on line above)
					Date
IN KIND Donations by HOST AGENCY (Site Supervisor Completes) Please enter the value of Supervisor's in-kind NON-FEDERAL wages donated:					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.
* _____	* _____	= _____			
# of hours spent supervising/training the participant	*	Supervisor's hourly wage rate	=	Total In-kind Donation	Host Agency Signature (please sign on line above)
					Date