

Associates for Training and Development

Advancing Workforce Development for Mature Workers since 1983

Vermont 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) 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 ¼ 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 (i.e. name of class and provider) 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, 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, Career Navigator or Program 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:
TRAINING DATES	TRAINING DATES	# of HOURS at HOST AGENCY	# of HOURS at OFF-SITE TRAINING	TOTAL DAILY HOURS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total hours for each column:		HOST AGENCY	OFF-SITE	TOTAL

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; Coursea; EDSI; PCA Course online; ServSafe Class; MS Word Class at AUC; ESL Class at Center for Workforce Development; Mentor Meeting, etc.)

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** _____

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** _____

IN KIND Donations by HOST AGENCY (Site Supervisor Completes)
Please enter the value of Supervisor's in-kind NON-FEDERAL wages donated:

* _____ = _____



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:	Tina Turner		Host Agency Name:	Salvation Army	
TRAINING DAYS	TRAINING DATES	# of HOURS at HOST AGENCY	# of HOURS at OFF-SITE TRAINING	TOTAL DAILY HOURS	
Sunday	11/30/2025			-	
Monday	12/1/2025	1.00	3.00	4.00	GED Class
Tuesday	12/2/2025	1.00	3.00	4.00	GED Class
Wednesday	12/3/2025	4.00		4.00	
Thursday	12/4/2025	4.00		4.00	
Friday	12/5/2025	4.00		4.00	
Saturday	12/6/2025			-	
Sunday	12/7/2025			-	
Monday	12/8/2025	1.00	3.00	4.00	GED Class
Tuesday	12/9/2025	1.00	3.00	4.00	GED Class
Wednesday	12/10/2025	2.00	2.00	4.00	Network to Work
Thursday	12/11/2025	4.00		4.00	
Friday	12/12/2025	4.00		4.00	
Saturday	12/13/2025			-	
Total hours for each column:		26.00	14.00	40.00	
		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.
 Participant Signature: *Tina Turner* Date: *12/12/25*

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.
 Host Agency Signature: *Robert Raymond* Date: *12/12/25*

IN KIND Donations by HOST AGENCY (Site Supervisor Completes)	
Please enter the value of Supervisor's in-kind NON-FEDERAL wages donated:	
10.00	* = \$300.00
# of hours spent supervising/training the participant	* = Supervisor's hourly wage rate
	Total In-kind Donation



ADVANCING WORKFORCE
DEVELOPMENT FOR
MATURE WORKERS
SINCE 1983

*2025/2026 Payroll Periods and Date Payments Issued
Vermont*

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

Weeks Ending (Saturday)

Date Payment Issued

21-Jun	and	28-Jun	2025	Thurs	3-Jul	2025	27
5-Jul	and	12-Jul	2025	Fri	18-Jul	2025	29
19-Jul	and	26-Jul	2025	Fri	1-Aug	2025	31
2-Aug	and	9-Aug	2025	Fri	15-Aug	2025	33
16-Aug	and	23-Aug	2025	Fri	29-Aug	2025	35
30-Aug	and	6-Sep	2025	Fri	12-Sep	2025	37
13-Sep	and	20-Sep	2025	Fri	26-Sep	2025	39
27-Sep	and	4-Oct	2025	Fri	10-Oct	2025	41
11-Oct	and	18-Oct	2025	Fri	24-Oct	2025	43
25-Oct	and	1-Nov	2025	Fri	7-Nov	2025	45
8-Nov	and	15-Nov	2025	Fri	21-Nov	2025	47
22-Nov	and	29-Nov	2025	Fri	5-Dec	2025	49
6-Dec	and	13-Dec	2025	Fri	19-Dec	2025	51
20-Dec	and	27-Dec	2025	Fri	2-Jan	2026	1
3-Jan	and	10-Jan	2026	Fri	16-Jan	2026	3
17-Jan	and	24-Jan	2026	Fri	30-Jan	2026	5
31-Jan	and	7-Feb	2026	Fri	13-Feb	2026	7
14-Feb	and	21-Feb	2026	Fri	27-Feb	2026	9
28-Feb	and	7-Mar	2026	Fri	13-Mar	2026	11
14-Mar	and	21-Mar	2026	Fri	27-Mar	2026	13
28-Mar	and	4-Apr	2026	Fri	10-Apr	2026	15
11-Apr	and	18-Apr	2026	Fri	24-Apr	2026	17
25-Apr	and	2-May	2026	Fri	8-May	2026	19
9-May	and	16-May	2026	Fri	22-May	2026	21
23-May	and	30-May	2026	Fri	5-Jun	2026	23
6-Jun	and	13-Jun	2026	Thurs	18-Jun	2026	25
20-Jun	and	27-Jun	2026	Thurs	2-Jul	2026	27
4-Jul	and	11-Jul	2026	Fri	17-Jul	2026	29

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 from 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:			
10.00	\$	=	\$300.00
# of hours spent supervising/training the participant	Supervisor's hourly wage rate	=	Total In-kind Donation
	*		
		Host Agency Signature (please sign on time sheet)	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!