A4TD ADVANCING WORKFORCE DEVELOPMENT FOR MATURE WORKERS SINCE 1983
ASSOCIATES FOR TRAINING & DEVELOPMENT

SCSEP - Participant Timesheet

Please FAX Timesheet to: 1-800-820-0705 or scan & email to FinanceNH@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**

v.8.15.25 fillable