Weekly Participation Timesheet for Center Activities

Customer Name: _____
Site: Workforce Solutions Center

Address: _____

Phone: 325-_____ Fax #325-_____

Week of: _____ Timesheet due date: _____

Customers participating in a mandatory work program must have this timesheet signed weekly and return it to their Career Coach. Any hours reported in center activities will not be counted without this timesheet.

Date of Activity	*In*	*Out for Lunch*	*In from Lunch*	*Out*	*Number of Hours Completed*	*Activity Completed*	*Signature of Staff/Supervisor*
Sample:							
08/25/09	*08:00*			*09:00*	*1 hour*	*Job Club*	*Joe Smith*
08/25/09	*09:10*	*12:00*	*01:00*	*02:40*	*4 hrs, 30 min*	*Job Search*	*Pat Jones*
Total Weekly Hours:							

*I certify that this timesheet is an accurate representation of my activities conducted within the Workforce Center. I understand I may be penalized for fraudulent information made to obtain services to which I am **not** entitled.*

Customer Signature: _____ Date: _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.
Relay: 1-800-735-2989 (TTY) / 711 (Voice).
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