



Pre-ETS

16th - 31st

TIME AND ATTENDANCE RECORD

SkillSource
234 N Mission
Wenatchee, WA 98801

Participant Name _____ CMS# _____ Contract # _____
Participant Address _____ City _____ ZIP _____
Worksite _____ Supervisor _____

Pay Period: From ____/____/____ to ____/____/____

Only record actual hours worked by participant. Timesheet must be completed in **ink** and signed by both Supervisor and Participant to issue paycheck. Do not use white-out. To make corrections, draw a single line through the incorrect information and write the correct information next to it. Initial all changes.

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Hours																	

Satisfactory Progress

YES

NO

Appearance _____

Punctuality/Attendance _____

Shows willingness to work _____

Is cooperative at workplace _____

Completes tasks on a timely basis _____

Listens and communicates well _____

COMMENTS: _____

Supervisor Signature _____ Date _____

Participant Signature _____ Date _____

For agency use only

Training Consultant _____

Wage \$ _____