



1st- 15th

## Pre-ETS

### TIME AND ATTENDANCE RECORD

WorkSource  
126 S. Main  
PO Box 3759  
Omak, WA 98841

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 <b>ink</b> 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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total Hours
Hours																	
<b>Satisfactory Progress</b>			<b>YES</b>						<b>NO</b>								
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 \$ \_\_\_\_\_