



1st- 15th

Pre-ETS

TIME AND ATTENDANCE RECORD

SkillSource
 309 E Fifth Ave
 Moses Lake, WA 98837

Participant Name _____ CMS# _____ Contract # _____
 Participant Mailing 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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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 \$ _____