



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

LI _____ Other _____
 LO _____

Training Consultant _____
 Wage \$ _____