



16th- 31st

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	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

LI _____ Other _____
 LO _____ Last Timesheet _____

Training Consultant _____
 Wage \$ _____