



1st- 15th

**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 \_\_\_\_\_ Last Timesheet \_\_\_\_\_

Training Consultant \_\_\_\_\_  
 Wage \$ \_\_\_\_\_