16th - 31st

TIME AND ATTENDANCE RECORD

SkillSource
234 N Mission
Wenatchee, WA 98801

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 **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

CI _____ Pre ETS _____
CO _____ WEX _____
LI _____ Intern. _____
LO _____ Other _____

Training Consultant _____
Wage $_____

Time/AttendCD16_31
Rev 04/2019 TB/kjr